

A Roadmap of Ongoing LGBTQ-Focused Behavioral Health Initiatives in New York City

2018

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Executive Summary

The LGBTQ Behavioral Health Roadmap (“the Roadmap”) comprises a full overview of ongoing New York City–supported initiatives to address the needs of LGBTQ+ⁱ New Yorkers of all ages. These initiatives are informed by ThriveNYC and include components of the NYC Unity Project, alongside a diverse range of parallel efforts tailored toward LGBTQ communities’ needs. Altogether, they embody the six mutually reinforcing principles of ThriveNYC:

1. **Using Data Better:** Improving and standardizing surveillance, research and evaluation practices to enhance our understanding of the communities’ strengths and needs.
2. **Closing Treatment Gaps:** Promoting diverse pathways to low-threshold, consistently LGBTQ-affirming behavioral health care, reinforcing the essential role of mission-driven, LGBTQ-specialized healthcare providers, while concurrently advancing cultural proficiency across all systems of care, citywide.
3. **Partnering with Communities:** Engaging the expertise of LGBTQ communities on the unique stressors they endure, their needs and their strengths, to inform governmental planning and action.
4. **Acting Early:** Confronting the root causes of distress and supporting the drivers of individual and community resilience to advance lasting health and well-being within LGBTQ communities, especially among young LGBTQ New Yorkers.
5. **Strengthening Government:** Sustaining the gains achieved by generations of community activism through the codification of equity measures and human rights protections and the creation of structures of accountability and enforcement.
6. **Changing the Culture:** Confronting cissexism, heterosexism, ignorance, stigma and other socio-environmental root causes of LGBTQ health disparities through expanded training, bridge-building and intragovernmental transformation measures.

The Roadmap was commissioned by the New York City Council’s Committee on Mental Health, Disabilities and Addiction through Local Law 117. It was compiled by the Department of Health and Mental Hygiene (“the Health Department”) in collaboration with 16 partner agencies and the Mayor’s Office. The Roadmap includes recommendations from the Health Department’s Community Services Boards LGBTQ Subcommittee, an advisory board comprised of 35 non-profit organizations committed to LGBTQ-focused advocacy, needs assessment and direct service provision.

The Roadmap covers 10 priority areas recognized by the Community Services Board LGBTQ Subcommittee:

- I. **Coming Out Safely and Meaningfully** examines contemporary coming-out processes and stressors for LGBTQ youth and the City’s efforts to advance family acceptance.

ⁱ Throughout this report, “LGBTQ” refers to individuals and communities who openly identify as lesbian, gay, bisexual, transgender and gender-nonconforming, queer and individuals who are uncertain of or actively questioning their sexual orientation or gender identity. Where other sexually or gender-diverse communities are discussed, appropriate terms will be used. See the Terminology section for definitions of all terms used in this report.

- II. **Securing Safe, Affirming Housing** discusses pathways from homelessness for LGBTQ youth. This section covers ongoing efforts to expand affirming housing services and boost LGBTQ workforce development.
- III. **Confronting Prejudice, Advancing Understanding** covers a wide array of efforts to counteract ignorance, bias, and trans-, homo-, bi- and queer-phobias across the city.
- IV. **Countering Hate Violence, Resolving Traumas** examines the ongoing crisis of identity-based violence and current efforts to build bridges with law enforcement and promote the rights of LGBTQ survivors within the criminal justice system.
- V. **Fostering a Safe, Affirming School Climate** confronts bullying as a form of physical, emotional and structural violence, with lasting detrimental effects on the health and well-being of LGBTQ youth. Efforts to expand access to psychosocial supports, enhance the visibility of allies and support youth-driven advocacy efforts are reviewed.
- VI. **Building Hope: Preventing and Overcoming Depression** reviews the dual stigmas that beset LGBTQ people diagnosed with serious mental illnesses (SMIs) and how stigma and disenfranchisement can lead to depression, with a focus on the disproportionate burden on older LGBTQ adults. This section also covers efforts to instill mental health literacy across community organizations, tailor recovery services to LGBTQ clients and support those settings that can reinforce social connectedness for older LGBTQ adults.
- VII. **Preventing Suicide, Providing LGBTQ-Proficient Supports** examines the socio-environmental drivers of suicidality among LGBTQ people, the young, and transgender and gender-nonconforming communities in particular. This section covers initiatives aiming to expand psychosocial supports and LGBTQ-proficient crisis services.
- VIII. **Preventing Intimate Partner Violence, Expanding Supports for LGBTQ Survivors** discusses physical, emotional and financial violence among LGBTQ people in relationships. This section reviews strategic partnerships that aim to transcend cis- and heteronormative paradigms of care for LGBTQ survivors of intimate partner violence.
- IX. **LGBTQ-Attuned Recovery from Substance Misuse** emphasizes the importance of recovery services informed by the psychosocial stressors experienced by many LGBTQ people. This section covers efforts to reduce the harms associated with substance use disorder and expand culturally proficient care.
- X. **Sustaining Gains in Sexual Health** covers gains achieved in the health outcomes of LGBTQ communities and the persistent disparities that remain. This section highlights how stigma and minority stress may drive health disparities and impact the quality of care received by LGBTQ communities. This section also covers the City’s commitment to culturally proficient, sex-positive advocacy and behavioral health care services tailored for people living with HIV/AIDS.

In each section, the Roadmap articulates future directions and overarching goals. These goals aim to align with the recommendations developed by the Community Services Board LGBTQ Subcommittee, reinforcing shared understandings across stakeholders and communities and establishing a strategic framework for future action.

Internal city agency transformation initiatives, recent one-time advocacy efforts and references appear in the Appendix.

Summary of Recommendations

The following recommendations were developed in conference by the Health Department's Community Services Board LGBTQ Subcommittee and reviewed by its committed members. This board continues to advise the Health Department in its strategic planning and LGBTQ capacity-building.

Shared Values

Embrace an intersectional-ecological lens. Impactful social interventions have implications not only for combating trans-, homo-, bi-, queer- and other societal phobias, but for improving behavioral health among communities that face stigma. Recognition of structural factors (housing, employment, immigration status, etc.) and intersecting identity-based oppressions should inform planning, programming and policy to accomplish the greatest gains for the most heavily burdened in society.

Embrace the Recovery Model and person-centered models of care. The Recovery Model is an approach to mental health care that emphasizes individually realized goals and desires, including meaningful relationships, authentic gender identity and expression and access to jobs and appropriate housing free of discrimination. The ten core principles of the Recovery Model are: *self-direction, individualized and person-centered care, empowerment, holistic frameworks, nonlinear recovery, strengths-based perspectives, peer support, respect, responsibility and hope.*

Balance an awareness of population-level disparities with a recognition of individual- and community-level strengths. Advancing a perspective that recognizes strengths, protective factors, social bonds and enduring strains of resilience within LGBTQ communities can counteract stigma. But it is nevertheless important that the urgency of LGBTQ health disparities be clearly communicated to policymakers in a data-driven manner grounded in high-quality research. Framing of these issues should be undertaken with care.

Research and Evaluation Priorities

Prioritize community-driven needs assessment. Community-driven needs assessment and community-derived evidence generally should be adopted on a broader scale. This approach will communicate urgent issues to policymakers- issues that may not be captured by traditional population-level health surveillance tools such as the Youth Risk Behavior Survey (YRBS). Particular attention should be paid to "hard-to-reach" subpopulations that may be under-reported on and to opportunities to coordinate research programs, embracing efficiencies to avoid further burdening already-burdened communities.

Prioritize outcome and impact evaluation for LGBTQ-focused interventions and include funding for this evaluation. To create truly effective LGBTQ services, we should evaluate the impact and outcomes of these services.

Document social, political, economic and other structural determinants of health when collecting data. Lack of access to education, employment, housing, food and proper immigration status can negatively affect community health. The information collected should be used to inform planning, programming and policy.

Ingraining LGBTQ Cultural Responsiveness

Provider attitudes that are non-affirming can create significant barriers to healthy outcomes for LGBTQ communities. Racial and ethnic discrimination, unstable immigration status and other forms of stigmatization can particularly reinforce these barriers for LGBTQ communities of color. Standards of

LGBTQ-knowledgeable care and education on how to recognize bias should be clearly articulated to and shared with non-specialized providers. In addition, accountability measures need to be built into systems of care. Opportunities to embed LGBTQ proficiencies at the provider level and within ongoing efforts to transform the city’s mental health care system include:

- High-quality LGBTQ proficiency and core clinical competency trainings should be offered to frontline, clinical, security and other provider staff. Trainings in this area should be immersive, integrative and involve role play with trained practice patients. LGBTQ proficiency should not be a “miscellaneous” or “add-on” to other clinical trainings.
- Clinical supervision represents an underutilized point of contact that can be used to bolster LGBTQ proficiencies in the healthcare workforce — in an *ongoing, accessible, integrative* manner.
- Knowledge of affirming practices should be included in healthcare provider resources — and translate into affirming service encounters in a demonstrably consistent manner, regardless of the backgrounds of individual clinicians. Interested clinicians should address gaps in their knowledge of LGBTQ-specific issues.
- Informed consent–based treatment models, primarily for trans and gender-nonconforming people, should be an established norm across systems of care. Mental health support for trans, gender-nonconforming and gender-questioning individuals should be *available*, but not required, for individuals seeking medical gender transition.
- Healthcare providers should use their physical environments to signal LGBTQ inclusion. Examples include providing trans and gender-nonconforming identity options on pre-intake forms; allowing clients to specify their preferred name, even if it differs from the name on their insurance or government-issued identification; prominently displaying broadly inclusive pride insignia; and announcing a healthcare provider as an affirming space to disclose.
- A commitment to LGBTQ cultural proficiency in Mental Health First Aid (MHFA) training is needed. Trainings should be arranged in LGBTQ community settings, enhancing community members’ resilience and providing psychoeducation and a safer space to discuss culturally bound stressors.

Partner Agencies

This report was prepared by the New York City Department of Health and Mental Hygiene (“the Health Department”), in partnership with:

Administration for Children’s Services (**ACS**)

Commission on Human Rights (**CCHR**)

Center for Youth Employment (**CYE**)

Department for the Aging (**DFTA**)

Department of Education (**DOE**)

Department of Parks and Recreation (**DPR**)

Department of Social Services (**DSS**)

Human Resources Administration (**HRA**)

Department of Homeless Services (**DHS**)

Department of Youth and Community Development (**DYCD**)

Health + Hospitals Corporation (**H+H**)

Mayor’s Office to Combat Domestic Violence (**OCDV**)

New York City Police Department (**NYPD**)

Introduction

The New York City (NYC) metropolitan area is home to the largest population of LGBTQ residents in the U.S., with roughly 756,000 people identifying as lesbian, gay, bisexual and transgender.¹ NYC is home to pioneering organizations like ACT UP, STAR, TransLatina Network and the Sylvia Rivera Law Project.² It is the epicenter of numerous activist movements beginning with the Stonewall riots of 1969, which constituted a pivotal moment in New York's—and the world's—history. The story of NYC is the story of people of diverse gender identities, expressions and sexual orientations and of diverse countries of origin seeking the space to explore or celebrate their gender or sexual identity.³ The City of New York aims to reinforce and empower LGBTQ communities' robust self-efficacy, from overarching legal protections, to channels for direct community engagement with City Hall and a diverse set of mission-driven, LGBTQ-specialized community organizations supported by City funds.⁴

Most LGBTQ individuals live full, unburdened lives, yet striking population-level health disparities persist.⁵ LGBTQ communities endure higher likelihoods of experiencing mental health challenges, problematic substance use, homelessness and housing instability, and trauma and targeted hate violence.^{6,7,8} The recent gains that LGBTQ New Yorkers have achieved in visibility and marriage equality should not divert attention from the severity of barriers to well-being that still exist. Being lesbian, gay, a-, bi- or pansexual; trans- or agender, non-binary, gender-nonconforming or genderqueer; being uncertain of their sexual identity or actively exploring it; experiencing and pursuing, same-gender attractions but not identifying as LGB; or in any other way living authentically does not predispose one to disenfranchisement and distress. The exposure to prejudice and hate, the anticipation of rejection, and the internalization of stigma give rise to anxiety, hopelessness, fear and numerous other challenges.^{8,9} The lived experience of discrimination creates implacable barriers to health, hope and happiness for many LGBTQ New Yorkers.

Purpose of the Report

The Health Department extends our gratitude to the New York City Council and its Committee on Mental Health, Disabilities and Addiction for the opportunity to present a unified framework of the City's efforts to support LGBTQ behavioral health; identify needs that may remain unaddressed; and envision pioneering responses in strategic planning, programming, policy and research. This document offers a comprehensive roadmap of ongoing City initiatives to facilitate coming out safely and meaningfully; confront trans-, homo-, queer- and other phobias directed at LGBTQ communities; foster hope, person-centered care, and LGBTQ-proficient recovery from mental illness and suicidal thoughts; address substance use disorder, shelter and housing instability and unsafe school climates; sustain improvements in sexual health; and apply a prevention-focused lens targeting the root causes of the disproportionate challenges faced by LGBTQ New Yorkers.

The initiatives reviewed throughout the Roadmap include components of ThriveNYC and the NYC Unity Project.

ThriveNYC is a multi-phase, citywide framework to advance lasting systemic change to the NYC mental health care system through 54 initiatives. In all that it undertakes, the Health Department's mental health work is guided by the six overarching principles of [ThriveNYC](#).

The NYC Unity Project is NYC's citywide, multi-agency initiative to support and empower LGBTQ young people through innovative program and policy change. The Unity Project was launched by First Lady Chirlane McCray in September 2017 and recently announcing a \$9.5 million investment in services to address LGBTQ youth homelessness, housing insecurity, health inequity, family support services and issues impacting LGBTQ youth in the foster care system. Learn more at nyc.gov/unityproject.

The opportunities in the Roadmap focus on coordination among City agencies to align efforts; set objectives; identify geographic and demographic gaps; and explore our knowledge of the health of LGBTQ New Yorkers. It is our hope that in navigating its sections, a clear and complete picture of where we are and where we are headed, will emerge.

Accessing LGBTQ-Proficient Care

The Roadmap documents existing City services and initiatives but is not intended to be a resource or referral guide. For New Yorkers seeking LGBTQ-proficient services, the following guidance is available:

- *NYC Well* offers 24/7, free, confidential, mental health support and referral to LGBTQ-proficient care upon request in more than 200 languages. Call **1-888-NYC-WELL (1-888-692-9355)**; text **WELL** to **65173**; or chat online at nycwell.cityofnewyork.us/en/
- *NYC Health Map* offers a centralized directory of LGBTQ-affirming health care options at nyc.gov/health/map
- *NYC Unity Project Resource Guide* offers a list of LGBTQ-affirming services offered by city government and related non-profit organizations, in the areas of housing, healthcare, employment, education, mental and physical health services and more. Available at nyc.gov/unityproject

Structure of the Report

Each section begins with a brief overview of the challenges faced by many LGBTQ communities in the areas of behavioral and sexual health. Despite these challenges, New Yorkers of diverse gender identities and expressions and sexual and romantic attractions, carry forth a tradition of pride, vigorous activism and powerful social and intergenerational bonds. These strengths and the resilience and self-advocacy that they have fostered against adversity and a history of institutional indifference will be highlighted wherever possible.

These overviews offer only a brief snapshot of the existing evidence base. Readers who wish to learn more about the Health Department's research on issues of relevance to LGBTQ New Yorkers, including city-wide data on LGBTQ health, can follow the hyperlinks in the references section.

The Roadmap also includes descriptions of ongoing government efforts to engage LGBTQ communities' expertise and agency, while serving these communities' needs.

These efforts include the six guiding principles of ThriveNYC:

1. **Using Data Better.** Researcher's attempts to examine the demographics and health of LGBTQ New Yorkers via traditional survey methods and electronic health records give rise to unique shortcomings.^{10,11} Our knowledge of the strengths, risks, well-being and the size of LGBTQ communities and their needs remains incomplete, due to legacy methodologies that are only recently seeing improvements. The Roadmap will describe ongoing efforts to capture valuable longitudinal views of health outcomes, rich experiential analyses and finer-grained understandings of gender identity.
2. **Closing Treatment Gaps.** Access to culturally proficient, affirming care is a priority. LGBTQ individuals both access and leave systems of care, at higher rates than cisgender and heterosexual

individuals.^{12,13} Unequal health outcomes in LGBTQ communities cannot be eliminated without person-centered care that is easily accessible across the city and includes LGBTQ-knowledgeable staff at all levels.

Our present landscape of care affords two distinct avenues for LGBTQ New Yorkers in need:

- **Mission-driven providers.** LGBTQ-specialized providers play an invaluable role in their communities, upholding history and expertise and offering low-threshold access to affirming services.
 - **Broad-scale systems of care.** However, LGBTQ-specialized providers are not always easily accessible to LGBTQ communities across the city. All providers citywide share the responsibility of offering culturally proficient care. Ongoing initiatives to supply training and technical assistance to our hospital systems and community-based providers; create accountability for fostering inclusive care settings; and create opportunities for recourse are also reviewed throughout these subsections.
3. **Partnering with Communities.** LGBTQ-specialized providers and LGBTQ community organizations offer an essential knowledge base to inform government planning priorities. In addition to the sustained strategic partnerships highlighted in feature boxes, this section describes ongoing community engagement, listening sessions and accountability initiatives.
 4. **Acting Early.** Resilience for LGBQ and TGNC people often springs from personally meaningful coming out processes, being met by acceptance and celebration by families of origin.^{14,15} Efforts to encourage lasting family supports for younger LGBTQ New Yorkers as they assert their true selves will be covered in the appropriate sections.
 5. **Strengthening Government.** The leaders in LGBTQ health equity are the activists, advocates and community alliances that sustained this work for decades despite institutional indifference and outright hostility. Government should not supplant their accomplishments, nor overshadow their roles. Government should buttress community-led gains in LGBTQ societal acceptance and cultural proficiencies among providers, establishing structures to promote acceptance and accountability and provide legal recourse. Dedicated subsections will review these efforts.
 6. **Changing the Culture.** Direct services for those in need are essential, but it is fruitless to try to mitigate the effects of stigma, structural cis- and heterosexism and minority stress without confronting their root causes. Efforts to counteract ignorance, codify and enforce legal protections, enhance visibility and representation and open channels of engagement to community stakeholders have positive effects on behavioral health for LGBQ communities and hold potential to benefit transgender and gender-nonconforming communities.^{16,17} Acceptance, understanding and safety should be ingrained at jurisdictional, institutional and interpersonal levels to assure that all New Yorkers can live authentic and fulfilling lives.

Future directions, overarching goals and specific objectives developed by the Health Department and sister agencies are provided at the end of each section. These goals were developed within a framework of guiding principles built collaboratively with the LGBTQ subcommittee of the Health Department's Community Services Board to be culturally proficient and sustainable. That framework is described below.

Guiding Principles

The principles of *ThriveNYC* and expertise of our Community Services Board guide our planning. A nuanced and data-driven view on the structural factors that impact LGBTQ communities also informs our understanding.

While the report categorizes specific aspects of LGBTQ behavioral health, it is essential to recognize ***intersectional-ecological*** perspectives in understanding the consequences of structural stigma for people of subjugated identity, the institutional barriers they face as they seek care and the potential impacts of insightful programming and policy interventions tailored toward their needs.^{18,19} *Intersectional* frameworks examine the interactions of multiple identity-based oppressions.²⁰ *Social ecological* frameworks examine social dynamics at multiple levels, from the interpersonal to the structural.²¹ A hybrid approach, merging these frameworks, has been advanced to explain the complex social forces that can influence the health and well-being of LGBTQ people and others of marginalized identity.²²

This approach is especially salient toward understanding the compounding stressors that can affect LGBTQ communities of color, who may face racism within broader LGBTQ communities and cissexism, homophobia and an ongoing crisis of hate violence outside it.^{22,23} These multiple, structurally stigmatized identities can intersect with still others, such as those that affect individuals diagnosed with a serious mental illness (SMI), survivors of sexual violence, undocumented immigrants and others whom society has historically ostracized and devalued.^{24,25}

Intersectional and socio-ecological perspectives recognize the intersecting and non-linear effects of root causes as well. Thus, the rejection of LGBTQ youth by families of origin is predictive of suicidality, illegal drug use and depression. The latter, in turn, is predictive of engaging in sexual practices that increase the risk of HIV exposure, which are positively linked with exposure to intimate partner violence, among other related factors.^{26,27,28} Gains in societal acceptance and lifespan for LGBTQ individuals and people living with HIV/AIDS, respectively, can lead to previously unforeseen challenges that may require a change in strategy by health care providers and public health agencies to address them.

Broad-spectrum social interventions—*changing the culture*—have wide and interlocking implications for behavioral health among stigmatized communities. For example, LGBTQ-inclusive workforce development can foster visibility of LGBTQ people across professional spheres. This provides models and mentors for youth who may be struggling with issues of self-worth, thus, fulfilling a key social determinant of health through instilling personal meaning and protective factors against internalized heterosexism and emotional distress.^{29,30} This can further decrease the likelihood of engaging in HIV-risk behaviors. Recognition of complex ecological factors and intersecting oppressional frameworks should inform planning, programming and policy to accomplish the greatest gains for the most heavily burdened in society.

Stigma stands foremost among these ecological factors. Stigmatization is a broadly defined and self-reinforcing process that comprises the labeling and imposition of stereotyped beliefs upon and ostracism of non-dominant groups and individuals.³¹ Contemporary understandings of LGBTQ health emphasize the role of stigma, its manifestation in prejudice, rejection and discrimination, its internalization and the resultant burden of ***minority stress***.^{9,32} Minority stress operates both distally, at a societal level and proximally—interpersonally and intra-psychically.³³ Societal attitudes that permit discrimination induce both a lived experience and expectation of rejection, an alienation from institutions and positions of influence and the internalization of value judgements embraced by the dominant sector of society. ***Multiple minority stress*** can place profound burdens on LGBTQ communities of color, undocumented and asylum-seeking LGBTQ immigrants and others for whom intersecting structural stigmas may “fuse

inextricably,” exacerbating their effects.^{22,34} Hypervigilance, anxiety, concealment of one’s true identity and loss of hope are the consequences of this pernicious cycle.

These consequences are expressed in what medical models depict as psychiatric morbidity.³⁵ Historically, LGBTQ individuals have been ill-served by medical models of psychiatry, which emphasize the “categorical otherness and biological defectiveness” of individuals enduring psychological distress.³⁶ Psychiatry’s traditional embrace of this model led to the reification of LGBTQ, transgender and gender-nonconforming identities as discrete, individual pathologies—“sociopathic personality disturbances”—until the advent of the American Psychiatric Association’s *Diagnostic and Statistics Manual (DSM) editions III* and *5*, where “homosexuality” and “gender identity disorder” were no longer classified as psychiatric illnesses.^{9,i}

In contrast, the *recovery model* embraces individually realized goals and desires around well-being, sense of agency, gender identity and expression, sexual and romantic love. Its ten core principles encompass individualized and person-centered care; empowerment and self-advocacy within systems; and the adoption of a thoroughly strengths-based understanding of individuals’ histories, personalities, and their whole selves.³⁷

Such an understanding forms the foundation to recognize *resilience*. While a risks- and deficits-focused lens has illuminated the challenges at hand, it has accomplished little toward identifying successful interventions. Resilience, as it emerges amid adversity and plays an essential protective role for LGBTQ individuals and communities, remains under-theorized.³⁸ It is essential to maintain an intersectional lens in advancing understandings of LGBTQ resiliency. The self-evolving of uniquely hybridized identities has been linked to individual resilience among trans- and gender-nonconforming people of color and immigrants, as “self-mastery” (a sustained sense of self-efficacy and control) has for people living with HIV/AIDS.^{39,40} For LGBTQ communities of color, intersecting identities can offer multiple opportunities to foster pride with which to resist the internalization of structural and interpersonal stigmas.³⁹ But an over-focus on individualistic notions of resilience may overlook both non-western conceptualizations of endurance and pride and the crucial role of social inclusion, chosen families and shared experience within LGBTQ communities as they weather undue adversities and emerge ever stronger.

ⁱ *DSM-5* includes a “gender dysphoria” diagnosis that refers to “the distress that may accompany the incongruence between one’s experienced and expressed gender and one’s assigned gender” (p. 451). Though it focuses the diagnostic lens on emotional distress rather than gender diversity, this decision remains controversial. See Lev AI. Gender dysphoria: two steps forward, one step back. *Clin Soc Work J.* 2013;41:288–296.

Terminologyⁱ

Ally. Refers to people who may not identify as lesbian, gay, bisexual, transgender, gender-nonconforming, queer or questioning (respectively), but are committed to supporting all LGBTQ people. *Allyship* can encompass alliances between any number of genders and orientations—for example, a cisgender gay man who is supportive of transgender women.

Bisexual. Refers to individuals who are sexually, romantically or otherwise emotionally attracted to others of the same gender and of other genders. One does not need to be sexually active to be bisexual.

Chosen family. Describes networked, supportive social bonds among LGBTQ people of all ages. These bonds are often forged to compensate for rejecting or unsupportive biological families, and to reject heteronormative standards that limit what can constitute a “family.”

Cisgender. An individual who identifies with the sex assigned to them at birth.

Gay. Refers to people who are sexually, romantically or otherwise emotionally attracted to others of the same gender. One does not need to be sexually active to be gay.

Gender expression. The manner in which an individual signals selected aspects of gender to others—for example, through apparel that is traditionally associated with certain shadings of the gender spectrum. One’s gender expression does not always relate to their gender identity or sexual orientation and should not be assumed to be a reliable proxy for either.

Gender identity. One’s innate and profoundly held understanding of their own gender as male, female or something else, regardless of the sex assigned to them at birth.

Gender-nonconforming/expansive. Describes individuals who reject conforming to behaviors and conventions of appearance traditionally ascribed to the sex assigned to them at birth.

Kinship. A broad, adaptable term that refers to diverse but enduring connections between people, whether biologically related or not. These “cultures of relatedness” can vary widely in structure across cultures.

Lesbian. An individual who is sexually, romantically or otherwise emotionally attracted to other women. One does not need to be sexually active to be a lesbian.

LGBTQ. An acronym that refers collectively to lesbian, gay, bisexual, transgender or gender-nonconforming and questioning or queer. The acronym is often truncated and extended as context requires, e.g. *LGB* or *LGBTQI*, which is inclusive of intersex people.

Microaggression. Describes brief and commonplace indignities that communicate hostile, denigrating slights to members of oppressed groups. Microaggressions can be verbal, behavioral or environmental and intentional or unintentional.⁴¹

MSM. An acronym that refers to men who have sex with men. These men may or may not identify as bisexual, pansexual or gay and may include cisgender men and individuals of trans-masculine experience.

ⁱ Definitions are adapted from: PFLAG national glossary of terms. New York, NY: PFLAG. 2018; and Definitions related to sexual orientation and gender diversity in APA documents. Washington, DC: American Psychological Association. 2016, unless otherwise noted.

Pansexual. Refers to individuals who are sexually, romantically or otherwise emotionally attracted to people of all genders or no gender. Pansexual (and many bisexual) individuals define attraction in a manner that transcends the traditionally held gender binary of feminine versus masculine. One does not need to be sexually active to be pansexual.

Queer. A broadly defined and fluid term preferred by some LGBTQ people for its inclusivity, simplicity and implied defiance. *Queer* was for many years a slur used against LGBTQ people and those perceived to be LGBTQ. Despite its reclamation by many community members, it is still rejected by some, often along generational lines. It should properly be used only to self-identify or relay the explicitly disclosed (not assumed) self-identity of another.

Questioning. Refers to individuals who are uncertain of or actively exploring their gender identity, gender expression and /or experiencing or pursuing, same-gender attractions but not identifying as LGB.

Sex assigned at birth. Sex is typically assigned to individuals at birth or earlier (e.g. by ultrasound) based solely on the appearance of the external genitalia. For cisgender people, gender identity aligns with their assigned sex. But for many others, their true gender identity diverges from their assigned sex. One's sex assigned at birth is never a reliable indicator of their innate gender identity, preferred gender expression or sexual orientation.

Sexual orientation. One's sexual, emotional or romantic attraction to others, regardless of any or no, pursuant sexual activity, past or future. The sexual activity one undertakes by choice, coercion or for survival is not necessarily reflective of their sexual orientation.

TGNC. An acronym that refers collectively to transgender and gender-nonconforming individuals and communities.

Transgender. An individual who does not identify with the sex assigned to them at birth. Transgender (often abbreviated as *trans*) people may or may not take steps to affirm and communicate their gender identity, such as altering their gender expression and /or taking hormones and pursuing surgery to align their bodies with their true genders. But such steps are not requisites for identifying as transgender.

WSW. An acronym that refers to women who have sex with women. These women may or may not identify as bisexual, pansexual or lesbian.

A Note on SOGI Data

The present decade has witnessed a concerted effort to collect sexual orientation and gender identity (SOGI) data in population-level surveillance tools and electronic health records. The descriptive statistics we are able to present in this report owe much to these efforts and to the advocates, administrators and researchers who led them. But this work is ongoing and in 2018 crucial gaps in our knowledge of citywide issues for LGBTQ New Yorkers persist.

The Health Department has added SOGI and sex assigned at birth items to the citywide YRBS, Community Health Survey, Structural Determinants of Health Survey and HIV surveillance registry. Work is ongoing to include these expanded categories remain in other key data collection efforts.

In the future, these efforts will help the City provide services to LGBTQ New Yorkers and will yield a clearer view of how many LGBTQ people live in NYC, endure homelessness, use available services and more. Currently, we must rely on imperfect estimates, convenience samples and state- and national-level data where reliable NYC estimates do not yet exist. In all population-level estimates, national data may not be fully representative of NYC, with its exceptional population density and its array of immigrant cultures. In 2015, an estimated 3.2 million New Yorkers, 38% of the population, were foreign born.⁴² In contrast, the 2010 Census estimates that 12.9% of Americans are foreign born.⁴³ There are over 200 languages spoken in NYC, with half of all New Yorkers speaking a language other than English in their homes.⁴⁴ As a consequence, many may not be represented in survey data.

Epidemiological practice requires us to suppress those estimates that, due to very small sample sizes, are not reliable enough to report. Suppression often becomes unavoidable as those samples are further subdivided to isolate variables of interest and highlight intersecting identities. This is a common issue that arises when studying so-called “hard-to-reach” or “hidden” communities, many of whom may be enduring disproportionate burdens due to intersecting vectors of identity-based stigma.

In response, intra-agency transformation efforts include a new focus on SOGI data standardization, regular reporting of trends and an embrace of mixed methods evaluations that supplement quantitative findings with community voices. Wherever possible, NYC researchers are opening channels to engage communities’ own expertise on their lives and needs, in their own words. In future, no New Yorker should have to ask “Why am I not ‘statistically significant’?”

I. Coming Out Safely and Meaningfully

14

Average age of coming out, 2000s. The average age in the 1970s was 20.¹

68%

Percentage of homeless or precariously housed LGBTQ youth, nationally, who have experienced some form of family rejection.²

LGBTQ youth communicate their identities starting in early adolescence, with retrospective evidence suggesting that gender diversity is first felt and noted by others, around age 8.³ While young people's assertions of LGBTQ identity at earlier ages may reflect a steady growth in societal acceptance within the U.S., the coming out process often remains fraught with fear and barriers – at school, at home, and in the short and long term. Compared to older teens, youth in early adolescence may be quicker to stigmatize and reject peers who depart from rigid gender norms.¹

Familial rejection is linked to long-lasting adverse effects on the health of LGBTQ youth, including problematic substance use, suicidal ideation and attempt, undermined self-worth and increased engagement in HIV-risk behaviors.^{4,5,6} Coming out to an unsupportive family of origin can result in LGBTQ youth being expelled from the home or provoke LGBTQ youth to run away.

Essential preventive work includes educating and empowering families to recognize the lifelong benefits of inclusion and acceptance, while offering LGBTQ youth venues in which to build their own lives and chosen families formed around shared identity and experience.^{4,6} There are many City initiatives that celebrate young peoples' identities and individuality and link them to the supports they need.

Partnering With Communities

The Lesbian, Gay, Bisexual and Transgender Community Center

The Administration for Children's Services (ACS) and the Department of Youth and Community Development (DYCD) have partnered with the historic Lesbian, Gay, Bisexual and Transgender Community Center (the Center) to offer two programs for LGBTQ youth and their families. The Center offers an array of mental health, recovery and youth services, alongside evidence-based, immersive certification programs for clinicians seeking to boost their LGBTQ competencies.

- **ACS: LGBTQ Institute for Family Therapy.**
Funded with \$50,000 from New Yorkers for Children in 2016-17, ACS and the Center launched the LGBTQ Institute for Family Therapy, also known as LIFT, in 2017. LIFT is a free six-month, 100-hour certification program that aims to equip mental health clinicians with the skills to help reduce rejecting behaviors and increase acceptance in families. The first two cohorts of over a dozen LIFT clinicians completed their training in June and December 2017. A third cohort will complete its training in June 2018. ACS will fund three more cohorts to receive training in FY2019.
- **DYCD: COMPASS Explore (part of the Comprehensive Afterschool System of NYC).**
This DYCD program gives elementary, middle and/or high school students the opportunity to discover a particular interest or passion and develop skills in this particular area over the course of the programmatic year. These after-school programs operate for a minimum of four weeks and are selected through an RFP process

In the most recent RFP, in addition to borough-wide competitions, DYCD requested proposals for programs that serve LGBTQ youth and awarded a contract to the Center. The Center's Explore program offers a comprehensive array of culturally relevant offerings including but not limited to technology, job readiness, healthy living and group discussion.

DYCD: LGB- and TGNC-proficient program guidance.

In 2016, DYCD and the Hetrick Martin Institute (HMI) developed guidelines on providing safe, affirming and respectful programs and services for LGBTQ youth. The guidelines include best practices for program design and how to create welcoming environments, and were proudly re-issued in June 2017, at the start of Pride Month. In 2016, DYCD awarded HMI with a three-year technical assistance contract to develop a self-assessment tool for youth-oriented community organizations. This tool will help organizations assess how well they are meeting the guidelines.

DOHMH: LGBTQ Youth All-Borough Mental Health Initiative.

The Health Department provides contractual and programmatic oversight to Hetrick-Martin Institute's (HMI) LGBTQ Youth All-Borough Mental Health Initiative (the Initiative). Funded by the City Council, the Initiative strengthens and expands mental health supports for LGBTQ youth throughout NYC, focusing particularly on youth of color, youth in immigrant families, homeless youth and youth who are court-involved. The Initiative also provides support to the given and chosen families of LGBTQ youth, as well as youth services providers to help them best meet the needs of the LGBTQ youth in their care. Now in its third year, the Initiative includes several direct and indirect services in five key categories:

- Citywide outreach and education
- Homeless youth services
- Mental health direct services
- Kinship identification, expansion and support
- Capacity building, technical assistance and training

The Initiative's services provide a diverse approach to addressing the mental health needs of LGBTQ youth. Specific services include direct mental health services provided by HMI, a citywide LGBTQ youth peer education project to raise awareness and reduce stigma for seeking mental health services, support and training for ThriveNYC School Mental Health Consultants, and more.

The Initiative is also developing a document for NYC youth service providers to help them understand, access and work with kin groups or chosen families.

DOHMH: CAMBA's Project ALY

The Health Department funds CAMBA's Project Accept LGBTQ Youth (ALY). Project ALY's mission is to advance family acceptance of LGBTQ youth, enhancing their self-esteem and self-worth and decreasing the risk of future health challenges, including HIV exposure and substance misuse. Project ALY focuses on African-American, Afro-Caribbean and Latino youth and their families in Brooklyn, specifically Flatbush, East Flatbush, Bedford-Stuyvesant, Crown Heights, East New York, Williamsburg, Bushwick, Coney Island and Sheepshead Bay.

Project ALY leads the following activities to promote structural change around acceptance of LGBTQ youth:

- Educational workshops: Parents, community members and staff at schools and community-based organizations learn LGBTQ cultural competency, how family acceptance and rejection affect the mental and physical health of LGBTQ youth, strategies to help families better support their

LGBTQ youth and ways to make schools and workplaces more LGBTQ-friendly. Workshops are co-facilitated by the parent of an LGBTQ youth. Co-facilitators serve as role models to families struggling with acceptance. Participants receive education materials at the end of each workshop.

- [Stories of Acceptance](#): Featuring parents and family members who have developed greater acceptance of their LGBTQ youth, these stories seek to break the silence, remove stigma and motivate change throughout the community.
- Marketing campaigns (e.g., transit, radio and social media): Project ALY uses a variety of marketing campaigns to promote family support and acceptance of LGBTQ youth.

Changing the Culture

ACS: Office of LGBTQ Policy and Practice

In 2012, ACS formed the Office of LGBTQ Policy and Practice (the LGBTQ Office), which is composed of a senior advisor, a deputy director and a community liaison. The LGBTQ Office helps implement ACS policy within the agency and with ACS-contracted providers through stakeholder engagement, policy review, training and coaching, and capacity-building efforts.

In addition, ACS has an internal Pride Committee which meets regularly from February through November each year. The Committee assists the LGBTQ Office in planning and staffing Pride events from the LGBTQ and Ally Awards Ceremony in May to the Transgender Day of Remembrance Movie Screening in November. ACS attends Pride Marches and Ceremonies all over NYC during LGBTQ Pride season, to raise its visibility as an affirming provider of services to LGBTQ children, youth and families.

CCHR: Advancing family acceptance

On June 19, 2018, in commemoration of LGBTQ Pride Month, the Commission on Human Rights (“the Commission”) will host a LGBTQ Youth and Family Empowerment Resource Fair. At the fair, families can connect with experts on issues of family acceptance, recognition and empowerment. The fair will be held at the Lesbian, Gay, Bisexual & Transgender Community Center.

DOE: OUT for Safe Schools™

DOE recently introduced OUT for Safe Schools™, a national initiative that helps educators, administrators and other school district employees become visible allies for LGBTQ+ students. The ability to identify multiple trusted adults improves health and academic outcomes for young people, but LGBTQ+ youth report being less able than their straight and cisgender peers to identify trusted adults in their schools. To address this, participating staff wear badges identifying themselves as allies and pledge to make their school a safer, more welcoming place to LGBTQ+ students. In addition to introducing OUT for Safe Schools™ in the Grades K-5 and 6-12 Affirming Schools trainings, DOE will offer at least two additional webinars about the program and the Office of Counseling Support will also incorporate information about it in their related trainings. Participants in any of these trainings will learn how to implement OUT for Safe Schools™ and will be able to order badges for staff at their schools.

DPR: Assuring inclusion in sports and recreation

Routine physical activity has been linked to improved well-being and academic achievement, as well as enhanced self-esteem for young people.⁷ However, safe, affirming recreational facilities and opportunities to join team sports are not always available for LGBTQ people. NYC Parks and Recreation provides safe facilities for a number of LGBTQ athletic leagues:

- Big Apple Recreational Sports’ dodgeball league meets at Tony Dapolito Recreation Center
- Gotham Knights Rugby Football Club, a member of International Gay Rugby, meets at Randall’s Island Park

- Front Runners New York meets regularly in both Central Park and Prospect Park.

NYC Parks' Public Program unit staff are trained on LGBTQ competency and are part of the interagency support group for LGBTQ Youth.

Strengthening Government: Advocating to Eliminate Conversion Therapy

Efforts to eliminate an individual's sexual, romantic, or gender diversity, often known as "conversion therapy" or "reparative therapy," are rooted in the scientifically unsound belief that being lesbian, gay, bisexual, transgender, gender non-conforming, or questioning is a treatable medical disorder. The practice is recognized by virtually all professional medical and mental health associations to be futile and detrimental to an individual's wellbeing. Indeed, conversion therapy is linked to severe mental health challenges, including depression, anxiety, institutionalized stigma and hopelessness, problematic substance use, difficulties with intimacy and suicidality¹. The New York City Council and the de Blasio Administration have advocated to eliminate this practice altogether through state and local legislation:

- **New York City Council: Local Law 022**
In 2017, the New York City Council passed Local Law 022. Local Law 22 makes it illegal for any person to offer or provide "conversion therapy" for a fee. "Conversion therapy" means any services that seek to change an individual's sexual orientation or gender identity. Note: This law does not apply to services that provide assistance to a person undergoing gender transition or counseling that provides acceptance, support, and understanding of a person's sexual orientation or facilitates a person's coping, social support, and identity exploration and development.
- **Mayor's Office of State Legislative Affairs: Conversion Therapy Ban**
The de Blasio Administration continues to advocate for the full eradication of the practice of conversion therapy in New York State. In 2018, the Administration lobbied the New York State legislature in support of A3977/SS263 a bill which would prohibit mental health professionals from engaging in sexual orientation change efforts with any patient under 18 years of age, and defines the practice of conversion therapy as professional misconduct.

Future Directions

ACS: Primary prevention support for families of LGBTQ youth

ACS' Office of LGBTQ Policy and Practice plans to expand its primary prevention support services for the families of LGBTQ children and youth. ACS will also continue to support professional development of the public and private workforce in the child welfare and youth justice systems, including through train-the-trainer models. ACS will also collect data about the experiences of LGBTQ children and youth in these systems to improve their services.

ACS foster care providers have committed to growing the competency of their workforce through continued training support. In addition, ACS will also be developing the skills of their preventive services system workforce. Lastly, through the Raise the Age legislation, ACS, rather than the Department of Corrections, will serve most 16- and 17-year-olds in the justice system. This change will take place over the next three years and will require increased professional development in many areas, including in LGBT+ issues.

¹ 1. Shidlo A, Schroeder M. Changing sexual orientation: a consumer's report. *Prof Psychol Res Pr.* 2002;33:249–259.

DOHMH: Enhanced understanding of LGBTQ youth mental health

The Health Department will:

1. Increase dissemination of Epi Data Briefs, conference posters, presentations and other educational materials centered on the mental well-being of New York City LGBTQ children and adolescents.
2. Continue to develop and standardize data collecting practices for sexual orientation and gender identity (SOGI) data among New York City youth in relation to their mental well-being.
3. Increase inclusion of LGBTQ children and adolescents as a population in research and evaluation activities, specifically assessing the mental health needs via quantitative and qualitative efforts.
4. Monitor and support LGBTQ-affirming legislative and regulatory activity in New York State.

DYCD: Runaway and Homeless Youth Shelter

In May 2018, the City announced funding for the City's first ever runaway and homeless youth shelter for homeless young adults ages 21-24 and in June that commitment was expanded to 60 beds. The City also announced an expansion of hours at the City's youth drop-in centers, ensuring that every borough has a 24 hour center where young LGBTQ New Yorkers can go to feel safe and supported any time, day or night. In FY19, three centers, one each in Staten Island, Brooklyn, and the Bronx, will expand hours to offer 24/7 service and serve an additional 400 young people annually at each center.

II. Securing Safe, Affirming Housing

11%

Percentage of LGBTQ high school students in NYC who reported living away from their parents or guardians because they were kicked out, ran away or were abandoned. Among heterosexual and cisgender teens, the percentage is 7%.¹

30-43%

Percentage of youth served by housing programs, drop-in centers and street outreach who identify as LGBT, nationally.² In the U.S., 5-7% of youth identify as LGBT.³

27%

Percentage of TGNC people in New York State who have experienced homelessness at some point in their lives.⁴

Homelessness and precarious housing remain issues for LGBTQ people of all ages, with disparate burdens placed on TGNC people, youth and people of color.^{5,6} Pathways to homelessness are non-linear, and while outright family rejection is shown to be a key factor in LGBTQ youth homelessness, pre-existing family conflict, unrelated to identity; intra-familial verbal, physical and emotional abuse; and gaps in services available to transition-age youth are contributing factors.^{7,8} Homeless LGBTQ youth often cycle through short-term arrangements with tertiary caregivers, the shelter system and the street. This increases their risks of substance misuse, depression, suicidality and engaging in HIV-risk behaviors.^{9,10}

Street life is often chosen by LGBTQ youth as a safer alternative to the shelter system.¹¹ Street life can foster strong social bonds and reinforce emerging self-efficacy among LGBTQ people, but it further erodes socio-economic stability, can build maladaptive coping styles and exposes youth to exploitation and violence. Unsheltered, many turn to high-risk survival strategies, with homeless LGBT youth 70% more likely to engage in survival sex, increasing their likelihood of assault, HIV transmission, exposure to sexually transmitted infections (STIs) and criminal justice involvement. These likelihoods increase significantly for TGNC people and youth of color.¹²

A programmatic response to homelessness and housing instability for LGBTQ youth calls for vision, commitment and integrated services. Together with initiatives aiding youth in *coming out safely and meaningfully*, a range of city efforts aim to close service gaps, provide employment opportunities and offer specialized and culturally responsive care for homeless LGBTQ youth in crisis.

Using Data Better

ACS: Needs assessment for LGBTQ youth in foster care

ACS and the Mayor's Office of Center for Innovation through Data Intelligence (CIDI) are working together to administer a confidential population-based survey of foster youth ages 13 and older. This survey was created in 2017 by ACS's Office of LGBTQ Policy and Practice (the LGBTQ Office) and a team from Columbia University. The survey asks participants about their sexual orientation, gender identity and gender expression. ACS plans to link the survey data to their administrative data to learn about the pathways into and out of foster care for LGBTQ youth as well as their experiences in the system, compared to their non-LGBTQ counterparts.

The LGBTQ Office and the team from Columbia University team developed the survey in two phases:

- In phase one, focus groups were used to help develop the questionnaire.

- In phase two the Columbia research team completed 40 interviews with foster youth to test the draft questionnaire. This pilot phase helped to accurately identify similarities and disparities between the experiences of LGBQ, TGNC, cisgender and heterosexual foster youth.

Partnering with Communities:

DOHMH: West End Residences

West End Residences provide supportive housing to 40 LGBTQ young adults through two programs:

- True Colors I in Manhattan provides housing and supportive services to 22 LGBTQ young adults diagnosed with a serious mental illness.
- True Colors II in the Bronx provides housing and supportive services to 18 young adults diagnosed with a substance use disorder

Supportive housing is affordable housing with support services. Supportive housing is designed to help individuals and families use housing as a platform for health and recovery following a period of homelessness, hospitalization or incarceration, or for youth aging out of foster care. Support services offered include clinical care (both programs employ an LCSW or equivalent), tenant escort and advocacy, vocational and educational assistance, alcohol and substance use services, sexual and health education, legal advocacy, and others. Transgender tenants often utilize legal advocacy when seeking a name change. Advocacy and escort services help tenants navigate the social service system, particularly if they encounter workers who are not sensitive to the specific needs of LGBTQ people.

DSS (DHS): Marsha’s House

DHS, in partnership with Project Renewal and with support from Council Member Ritchie Torres, opened Marsha’s House, a shelter in the Bronx, in 2017. Marsha’s House maintains beds for 81 people up to age 30 who identify as LGBTQ and provides employment and housing support services. As part of their support services, Marsha’s House helps job seekers find gender-affirming clothing and documentation for interviews. It also maintains partnerships with local community-based organizations that provide critical health and social supports. Marsha’s House is named after Marsha P. Johnson, a groundbreaking transgender activist from NYC who devoted herself to helping other underserved LGBTQ people despite experiencing homelessness herself.¹³

Closing Treatment Gaps

DYCD: Borough-based Drop-In Centers for LGBTQ youth

DYCD Drop-In Centers provide youth ages 14 to 24 with a supportive environment to seek and connect to counseling, case management, mental health services, education and employment programs and referrals to residential programs. Drop-In Centers also help youth meet their basic needs by providing food, clothing and showers. Specialized services for LGBTQ youth are offered at all centers. There are seven Drop-In Centers citywide, three in Manhattan and one each in the Bronx, Brooklyn, Queens and Staten Island.

As part of the NYC Unity Project, new investments, including increased staffing, were made to enhance services at all Drop-In Centers. DYCD will use these new investments to serve 2,400 more youth annually at the Drop-In Centers and have already used some of the investments to keep the Queens Drop-In Center open 24/7. The West Harlem Drop-In Center is also open 24/7.

DYCD: Runaway and homeless youth crisis beds

Crisis shelters provide youth ages 16 to 20 with safe, short-term housing. LGBTQ youth are a high proportion of the runaway and homeless youth population. Crisis shelters help clients meet their basic

needs and provide counseling and case management, including referrals to longer term transitional independent living programs when needed.

DYCD: Runaway and homeless youth transitional independent living beds

Through transitional independent living shelters, DYCD provide runaway and homeless youth ages 16 to 20 lacking families-of-choice or strong parental support with longer-term housing, particularly vulnerable LGBTQ youth who are a high proportion of the runaway and homeless youth population.. These programs prepare youth to live independently through ongoing counseling, case management and, when appropriate, referrals to supportive housing.

DSS (HRA): NYC Career Pathways

The NYC Career Pathways framework, which helps New Yorkers access job training and career opportunities, has tailored its resources to better serve LGBTQI community members. NYC Careers Pathways partners with GMHC to provide career services for LGB and TGNC clients receiving Cash Assistance. Young people seeking employment can also enroll through the Youth Pathways program, which reaches 14,500 youth each year applying for or in receipt of Cash Assistance.

Changing the Culture

CYE: Best practices for LGBTQ workforce development

Informed by recommendations from community-based organizations that provide workforce services to young adults, CYE, DYCD and the Hetrick-Martin Institute (HMI) are developing best practices to prepare LGBTQ youth for employment. HMI will pilot individual components of the manual with workforce service providers to ensure it is useful to providers and LGBTQ young people. The manual will be completed in June 2018.

Strengthening Government

ACS: Advancing agency-wide accountability for the safety and respect of LGBTQ youth

ACS reissued their LGBTQ non-discrimination policy in 2008 to clarify the types of discrimination that are prohibited under NYC and NYS law. The policy ensures that qualified prospective foster and adoptive homes do not discriminate and that all children and youth in care are provided with safe, healthy and accepting environments. ACS also released [*Promoting a Safe and Respectful Environment for LGBTQ Youth and Their Families Involved in the Child Welfare, Detention and Juvenile Justice System*](#), a comprehensive LGBTQ policy, in 2012.

Future Directions

CYE: Building Workforce Cultural Competency

CYE will increase the LGBTQ cultural competency of the workforce development community, including community-based organizations and employers, to ensure that LGBTQ young people feel safe and affirmed in any workforce development program or employment opportunity. CYE will distribute the LGBTQ workforce manual to at least 75 youth workforce contractors each year, reaching more than 70,000 young adults.

III. Confronting Prejudice, Advancing Understanding

47%

Percentage of LGBTQ New Yorkers who report being denied equal treatment or services or targeted by harassment in public.¹

70%

Percentage of TGNC New Yorkers who report being denied equal treatment or services or targeted by harassment in public.¹

55%

Percentage of LGBTQ Americans reporting an instance of discrimination based on their sexual orientation or gender identity or expression in 2017, an 11-point jump since 2016.²

In the past decade, we have witnessed great strides in the societal acceptance of LGBTQ people. Each year since its launch, GLAAD’s nationally representative *Accelerating Acceptance* poll recorded increases among non-LGBTQ American adults in acceptance of sharing their lives with LGBTQ Americans. But in 2017, this trend was reversed: the number of non-LGBTQ respondents, claiming discomfort at the possibility of sharing many aspects of their lives with an LGBTQ individual increased by an average of 2.6%. The number of LGBTQ people reporting instances of discrimination based on sexual orientation or gender identity or expression leapt 11 %, from 44 to 55%..² A recent report by the NYC Comptroller’s Office pointed to persistent discrimination against LGBTQ New Yorkers in employment, health care and housing, with nearly half of respondents reporting public harassment in their day-to-day lives.¹

Discriminatory attitudes can operate at all levels of society. From covert, invalidating microaggressions between individuals to structural stigmas embedded in policies, discrimination is closely and reliably linked to mental and physical health disparities among LGBTQ communities.^{3,4}

In recent years, NYC has advanced a broad policy framework to enforce equitable treatment of LGBTQ New Yorkers. This policy seeks to address the stigmatization and minority stress that can drive behavioral health disparities among marginalized communities. Several City initiatives not only codify anti-discrimination protections but also aim to advance understanding of LGBTQ issues at all levels, open channels of engagement to communities and prepare healthcare providers to address the effects of bigotry and stigma.

Closing Treatment Gaps

ACS: Accessing gender-affirming care for foster youth

In 2013 ACS issued guidelines for approving, accessing and getting reimbursement for transition-related, gender-affirming health care for transgender young people living in foster care. At the time, this care was categorically excluded from NYS Medicaid coverage. In 2014, the ACS issued detailed procedures on how to gain approval of and reimbursement for non-Medicaid reimbursable treatments and services including transition-related health care. In 2016 and 2017, Medicaid began to reimburse clients for some transition-related health care in NYS. ACS continues to convene a transgender health care Commissioner’s Advisory Panel to consider requests for non-reimbursable costs, inviting external medical subject matter experts who practice in NYC to weigh in on medically necessary care as appropriate.

DOHMH: The “LGBTQ Health Care Bill of Rights”

The Health Department developed the “[LGBTQ Health Care Bill of Rights](#),” which details the health care protections available to LGBTQ patients in NYC. The “Bill of Rights” empowers New Yorkers to get the health care they deserve and reminds New Yorkers that health care providers and staff cannot legally provide LGBTQ people with a lower quality of care because of their sexual orientation, gender identity or gender expression. The “Bill of Rights” also directs people who identify as LGBTQ to report health care discrimination to the NYC Commission on Human Rights. The “Bill of Rights” is distributed to providers across NYC and at Pride, NYC Trans Day of Action, the Trans Latinx March and other events.

DOHMH: LGBTQ capacity building in the Mental Health Service Corps

The Mental Health Service Corps (MHSC) is a ThriveNYC workforce expansion initiative that promotes collaborative care in primary care and evidence-based innovations in behavioral health settings. MHSC places full-time, masters-level behavioral health clinicians in behavioral health clinics, substance use programs and primary care sites in high-need communities throughout NYC to offer behavioral health treatment. To build capacity to provide LGBTQ affirming care, each incoming cohort of corps members participates in specialized training. For example, In August 2017 an incoming cohort of 125 Mental Health Service Corps members participated in training led by the Assistant Director of Policy at GMHC, a trans woman with a deep background in LGBTQ social services and advocacy.

H+H: Intensive certification programs in LGBTQ-responsive health care

To increase the level of support services available to LGBTQ patients and their families, H+H has partnered with the Fenway Institute/National LGBT Health Education Center to launch an intensive certification program for physicians in culturally responsive LGBTQ health services. This groundbreaking program is the first of its kind in the country. H+H has also partnered with Boston Children’s Hospital to provide concentrated training to adolescent and pediatric health care providers in providing affirming care to transgender and non-binary youth. More than 500 providers have participated in these trainings and enrollment is ongoing.

Changing the Culture

ACS: Promoting best practices for TGNC youth across systems of care

In 2014, ACS created the groundbreaking [Safe and Respected: Policy, Best Practices & Guidance for Serving Transgender and Non-Binary Children and Youth in the Child Welfare, Detention and Juvenile Justice System](#). The guide was revised and redistributed in 2017. ACS’s Office of LGBTQ Policy & Practice uses the guide to share policy expectations and best practices with contracted providers when working with TGNC children and youth. ACS has created many LGBTQ resource materials, including:

- [LGBTQ resources online at the LGBTQ support website](#)
- “Know Your Rights” palm cards for youth
- Affirming home pledge cards for foster parents
- Affirming home brochures detailing what support and affirmation look like
- LGBTQ ally pledge for youth

ACS: Embedding mandatory training in proficiencies for LGBTQ foster youth

ACS employees who work directly with children and families attend mandatory biennial training on working with LGBTQ children and youth. This training is also mandatory for ACS staff at contracted provider agencies that serve child welfare and youth justice programs.

In 2016, provider agencies trained almost 3,600 staff and over 2,300 foster parents and caregivers. In 2017 the LGBTQ Office engaged expert educators Dr. Eli Green, founder of the Transgender Training Institute, and Dr. Elizabeth Schroeder, an international sexuality education and youth development

consultant, to revise and update the full-day LGBTQ model curriculum and the full day transgender model curriculum. That year, the LGBTQ Office held seven train-the-trainer sessions for ACS and contracted provider agency staff and certified 62 new trainers on the LGBTQ model curriculum and 26 new trainers on the TGNC model curriculum. At the LGBTQ Office's request, the CUNY Workforce Institute hired and designated a LGBTQ training lead in late 2017 to provide additional trainings for small agencies, lead train-the-trainer sessions and coach certified trainers at the LGBTQ Trainers Network at quarterly meetings.

CCHR: Educating the LGBTQ community on its rights and protections

In June 2018, in celebration and support of New York City's LGBTQ communities, the Commission on Human Rights launched a [new LGBTQ web resource page](#) to reaffirm LGBTQ rights under the law and make sure community members know how to get help if they experience discrimination or harassment.

CCHR: Educating students on their rights and protections

The Commission developed an interactive workshop about discrimination, including anti-LGBTQ discrimination, for high school students. The workshops engage students in a dialogue about discrimination and educate them about the forms that discrimination can take. The workshops also provide students with information about the City Human Rights Law, the Commission and ways that the Commission can be an ally and resource in efforts to respond to discrimination.

CCHR: Celebrating LGBTQ-affirming communities of faith

In June 2018, the Commission partnered with LGBTQ groups and Muslim groups to host the 2nd Annual LGBTQ Iftar at the Lesbian, Gay, Bisexual and Transgender Community Center. It was a time for the community to come together in a safe space to celebrate Ramadan and Pride.

In March 2018, in conjunction with the Health Department and the Mayor's Center for Faith & Community Partnership, the Commission convened a Faith Summit to engage faith leaders to help reduce stigma, promote respect and improve understanding of LGBTQ issues. The summit followed the Commission's earlier roundtables that identified barriers to LGBTQ acceptance among faith leaders.

CCHR: Educating the LGBTQ community on its rights and protections

In 2017, the Commission's Community Relations Bureau conducted 153 LGBTQ-related outreach and educational activities for 4,469 individuals. It also provided information about LGBTQ rights and protections directly to 1,301 members of the public. These efforts increased awareness about protections under the City Human Rights Law based on sexual orientation and gender identity and expression.

NYPD: Fostering positive relationships with law enforcement

The NYPD LGBTQ Liaison for the Police Commissioner regularly visits various community-based organizations and organized groups to discuss the role of the LGBTQ Liaison as well as address any specific issues or concerns. Examples of these groups include: HIV Long-Term Survivors Task Force, Stonewall Democratic Club, Lambda Independent Democrats, SAGE, Housing Works, Rise & Resist, the Center and the Brooklyn Community Pride Center. Topics covered include crime prevention, scams targeting the elderly, interacting with the police and the role of the LGBTQ Liaison.

Partnering with Communities

CCHR: Trans 101 Workshop. In conjunction with the Lesbian, Gay, Bisexual & Transgender Community Center, the Commission developed its Trans 101 Workshop, which provides culturally competent information about transgender communities and gives participants an in-depth description of the Commission's role in combating discriminatory practices. The Commission provides this training to City agencies, including NYC Parks, the Housing Authority and FDNY, as well as community-based

organizations, such as the Committee for Hispanic Children & Families and the Center for Urban Community Services.

DOHMH: Funding community-based organizations (CBOs) that serve LGBTQ communities

The Health Department provides ongoing funding support to CBOs that focus on LGBTQ individuals. Four of the CBOs that received funding are grassroots, TGNC-led organizations that support the organizational development of companies in NYC to better serve TGNC New Yorkers. They include:

- Destination Tomorrow
- New York Transgender Advocacy Group
- Princess Janae Place
- Translatina Network

These agencies provide case management, job skills training, advocacy, housing and other referrals, health education, HIV testing and social support to reduce isolation. The Health Department also funds the Latino Commission on AIDS, which provides capacity-building resources and ongoing technical assistance to support the organizational development of TGNC-led organizations.

Strengthening Government

ACS: Agency-wide accountability and discriminatory incident-reporting

ACS requires its contracted foster care providers to designate a LGBTQ point person. This individual is responsible for tracking and reporting on mandatory LGBTQ training. They also submit and follow up on incident reports regarding violations of ACS's non-discrimination policy and best practices. ACS's LGBTQ Office meets quarterly with the LGBTQ point people. During the years 2013 through 2017, there were 155 incidents reported. Most of these were remediated within 30 days with technical assistance and corrective action.

CCHR: Enforcing citywide anti-discrimination protections

The Commission's Law Enforcement Bureau continues to devote substantial resources to investigating and prosecuting complaints of discrimination based on sexual orientation, gender identity and gender expression. LGBTQ New Yorkers report that discrimination continues to exist in all areas of their lives, including in employment, housing and public accommodations.

DOHMH: Gender Marker Change

Being able to live your authentic gender and gender expression is critical to physical and mental health. Transgender and gender non-conforming New Yorkers, like everyone else, should have birth certificates that reflect their true gender identity. Documents that accurately reflect a person's gender identity can be critical to accessing healthcare, employment and other important services. Currently in New York City, transgender individuals who want to change the gender marker on their birth certificate must obtain a letter from a physician or an affidavit by a licensed health or mental health professional attesting that the revised designation accurately reflects the individual's gender.

This policy, which was championed by now City Council Speaker Johnson in 2014, removed the requirements for a legal name change and surgery. Since then, over 1,000 birth certificates have been amended with gender marker changes. In June 2018, the New York City Board of Health and the New York City Council proposed legislative and regulatory changes, to rely on the applicant's attestation for the purpose of affirming their gender identity and allow individuals to choose a third gender designation of "X" in addition to "male" or "female" when amending a birth certificate. Updating the gender marker change process for transgender individuals and creating a non-binary gender marker are important steps in enabling people to obtain official documents that accurately reflect their gender identity.

New York City Council: Passes Race and Gender Equity Legislation

In 2017, the New York City Council passed a package of legislation advancing gender and equity in City government. Local Law 174 required the City’s social service agencies (DSS, ACS, and DOHMH) to undertake equity assessments in relation to race, gender, and a host of other factors, and develop action plans to further their equity goals. Additionally, Local Law 175 requires these same city agencies to deliver trainings to all of their employees on implicit bias, cultural competency and structural inequity, taking into account gender, race, and sexual orientation. Finally, Local Law 177 requires the Mayor to include information relating to gender, race, sexual orientation and income equity in its annual report on social indicators, referred to as the Mayor’s Management Report (MMR)ⁱ.

Future Directions

CCHR: Strengthening citywide anti-discrimination protections

The Commission has begun working to codify its current Legal Enforcement Guidance regarding gender identity and gender expression discrimination.

CCHR: Educating students on their rights and protections

In March 2018, the Commission successfully piloted an interactive workshop about discrimination, including anti-LGBTQ discrimination, for several Genders and Sexuality Alliance (GSA) clubs across the city. In 2019, the Commission will lead these workshops for all GSAs citywide. The workshops engage students in a dialogue about discrimination and educate them about the forms that discrimination can take. The workshops also provide students with information about the City Human Rights Law and the Commission and ways that the Commission responds to discrimination claims through legal action, mediation or education.

DOHMH: Growing core competencies in ThriveNYC

The ThriveNYC Mental Health Service Corps is currently working to revise the training curriculum and include additional information on identifying core competencies, implementing Evidence Based Practices and assessing the needs of the communities being served.

ⁱ For detail on how these bills are being implemented at the Health Department, see “DOHMH: Prioritizing intersectional approaches in public health” in the appendix.

IV. Countering Hate Violence, Resolving Traumas

102

Number of TGNC individuals murdered in the U.S. since January 2013.¹

85%

Percentage of murdered TGNC individuals in the U.S. who were people of color.¹

86%

Percentage of murdered TGNC individuals in the U.S. who were trans-feminine.¹

Hate violence is a physical or non-physical attack motivated by the target's perceived allegiance to a socially stigmatized group. Hate violence strikes directly at the identities of its survivors: it aims to inflict fear and distress upon entire communities and is directed at LGBTQ communities, specifically TGNC people of color, at unequal rates.¹ In 2016, two thirds of the hate-motivated murders recorded by the National Coalition of Anti-Violence Projects claimed TGNC people as their victims. LGBTQ people of color were twice as likely to have endured a physical assault as White LGBTQ people. Undocumented LGBTQ people were four times as likely to have experienced a physical assault.²

A strike against identity is a strike against pride, affinity and community and thus threatens to disrupt the resilience strategies of survivors, particularly TGNC people of color.³ LGBTQ people of all orientations and identities often struggle to connect with culturally proficient care and navigate the criminal justice system as survivors.⁴ The Health Department and its partner agencies aim to enhance understanding of violence against LGBTQ people at all levels of society and secure safe, affirming access to legal recourse and systems of care.

Changing the Culture

Building Bridges with Local Law Enforcement

NYPD: Partnering with Gender Sexuality Alliances (GSAs)

LGBTQ youth, especially transgender and gender non-conforming youth, can face hostility in a variety of environments, including from peers or strangers on the street. It is important for these young people to know what their rights are and how to interact with police officers when their support may be needed. To aid students in understanding their rights on the street or when interacting with a police officer, the NYPD will continue to provide Know Your Rights trainings to GSAs in schools across the city. These trainings are led by the Community Affairs Unit of the NYPD and the GSA's local precinct to build strong ties between LGBTQ youth and their local precinct. Students walk away knowing how to seek support from the NYPD.

NYPD: Partnering with the Kiki Coalition

The NYPD LGBTQ Liaison for the Police Commissioner has partnered with the Kiki Coalition to provide a supportive police presence at the various balls held throughout the year. The liaison works with officers from the local precinct to provide uniform presence and assist with the crowd at the end of the Ball. The liaison is present during the Ball and interacts with the participants in a social and informal manner. This interaction provides a consistent face of the NYPD to the participants and assists in slowly building relationships and trust with the members of the Kiki Coalition. The Kiki Coalition aims to provide safe spaces for LGBTQ+ youth (particularly youth of color and gender non-conforming youth) where they can connect with their peers and allies and celebrate each other's diverse talents.

DOHMH: Promoting the rights of criminal justice–involved LGBTQ clients

This half-day training, outlines how behavioral healthcare providers can support the needs and legal rights of their LGBTQ clients who are involved in the NYC criminal justice system. The training covers the importance of developing cultural competency around issues of sexual orientation and gender identity and expression. It also covers common pathways into the criminal justice system with a focus on poverty, discrimination and involvement in survival economies. Training participants discuss the ways that providers can support their clients as they navigate police interactions, court proceedings, prison or jail and reentry.

V. Fostering a Safe, Affirming School Climate

24%

Percentage of LGBTQ high school students in NYC who report bullying on school grounds. Among heterosexual and cisgender youth, the percentage is 13%.¹

77%

Percentage of NYS students who have heard homophobic remarks on school grounds.²

63%

Percentage of NYS students who have heard hostile remarks about TGNC people on school grounds.²

Bullying can have lasting consequences for LGBTQ youth, leading to difficulties in psychosocial adjustment and heightened risks of depression.³ Hostile remarks and targeted slurs remain common in many schools. For LGBTQ young people of color, race- and ethnicity-based harassment can add to an already oppressive climate.²

But school climate transcends issues of bullying to include the built environment and curricula. LGBTQ-inclusive curricula, especially those that extend to history and literature are linked to reductions in identity-based victimization, missed school days and increases in empathy among cisgender and heterosexual students.^{70,71} A comprehensive policy response to bullying should recognize and sustain the grassroots advocacy of students, allying institutions and student advocates, opening dialogues on identity-based harassment and its consequences and reflect LGBTQ experiences in curricula. Ongoing initiatives in NYC aim to confront bullying, educate *all* students and make allies more visible in school settings.

Partnering with Communities

DOHMH: Hetrick-Martin Institute (HMI) Youth Services

Through its City Council Initiative, HMI provides Office of School Health's Mental Health Consultants with the training and technical assistance needed to help their schools create safe and supportive environments for LGBTQ students. Mental Health Consultants receive training in sexual orientation and gender identity, issues impacting LGBTQ youth, DOE guidelines and policies related to LGBTQ students, and resource linkages among other topics. The HMI training and capacity building team is also available during the school year should specific issues arise. Finally, HMI helps the Mental Health Consultants set LGBTQ-specific goals in their School Mental Health Plans, which is done at three points throughout the year.

Acting Early

ACS: Empowering peer allies in foster care

Beginning in 2016, the community liaison in ACS's LGBTQ Office, designed and conducted peer ally trainings at residential foster care facilities. Youth in care were trained on ways to safely and effectively intervene on behalf of their LGBTQ peers when they observe bullying, harassment and discrimination. By the end of 2017 over 340 youth attended peer ally trainings.

CCHR: Starting dialogues on bullying of LGBTQ youth

The Commission developed an interactive workshop for high school students about harassment and bullying. The workshops engage students in a dialogue about anti-LGBTQ harassment and bullying, including the impact of harassment and bullying on students and those close to them. The workshops also provide students with information about the Commission and how the Commission responds to bullying

and discrimination claims, whether through legal action, mediation or education. The Commission shares this information through partnerships with school-based GSAs.

Changing the Culture

DOE: Single-stall bathroom initiative

DOE has committed to making sure every school building has a single-stall bathroom available to support the privacy needs of students, including those with medical conditions and disabilities, as well as transgender and gender non-conforming students. The DOE ensures that Schools have accessible locks and that signage is consistent across all schools. The DOE began implementing single-stall bathrooms in the 2016–17 school year and will continue until all schools have a single-stall bathroom.

DOE: Lambda Literary LGBTQ Writers in Schools Program

Through the Lambda Literary Writers in Schools Program, DOE connects LGBT authors with classrooms by providing copies of the authors' books followed by a classroom visit with the authors. In 2016-17, the program was expanded to 40 schools. In 2017-2018, the program will reach 80 schools

DOE: WNET LGBT+ identity collection

With support from the City Council, DOE partnered with WNET to create a series of short videos and discussion guides for schools to talk about LGBT identity. They also conducted professional development sessions with teachers to demonstrate how to utilize these resources.

DOE: School Wellness Programs' Initiatives

DOE's School Wellness Programs help schools implement strong health education and physical education instruction for all students K–12. Health and physical education are supported by school-based wraparound programs such as School Wellness Councils and CHAMPS Sports and Fitness Program. As part of that work, the School Wellness Programs provide free training opportunities for K–12 educators on how to make the school environment and health and physical education classrooms more inclusive for all students and LGBTQ+ students in particular. These trainings, which are separated by grades K–5 and 6–12, offer age-appropriate strategies for implementation in classrooms, activity spaces and beyond. School Wellness Programs also engage partners such as community-based organizations and other sister agencies, to provide citywide professional development opportunities for teachers and school staff. The Office's initiatives include:

- **DOE: K–5 trainings with Welcoming Schools**
In an effort to reach more elementary schools and extend beyond the capacity of the School Wellness Program's K–5 training efforts, DOE is piloting professional development opportunities for elementary educators provided by vetted and trusted partners. This spring, Welcoming Schools, an HRC Foundation program, will provide two trainings that support educators in building gender-inclusive spaces, affirming all families and preventing bias-based bullying.
- **DOE: K–5 LGBTQ-affirming schools trainings**
Young people who feel safe, supported and affirmed at school are more likely to succeed in the school setting but we know that LGBTQ+ young people are often made to feel unsafe in this space. DOE's School Wellness Programs hopes to address this by providing full-day training opportunities to elementary school staff (including social workers and school aides) that address a range of approaches for making schools more inclusive for all students and LGBTQ+ students in particular. Trainings include strategies on making curricula more inclusive, celebrating family and gender diversity and addressing bias-based bullying. Participants also learn about federal, local and NYC DOE policies and community-based organizations that can support them in

creating safer and more affirming school environments. School Wellness Programs will provide at least two trainings in 2018 with capacity for 30 participants each.

- **DOE: 6–12 LGBTQ-affirming schools trainings**

Similar to the K-5 training, DOE’s School Wellness Programs provides full-day training opportunities to middle and high school staff. Trainings include strategies on making curricula more inclusive, developing a GSA and implementing the OUT for Safe Schools™ Badges. Participants also learn about federal, local and NYCDOE policies and community-based organizations that can support them in creating safer and more affirming school environments. School Wellness Programs will provide at least four trainings this year with capacity for 30 participants each.

VI. Building Hope: Preventing and Overcoming Depression

50%

Percentage of LGBTQ high schoolers in NYC who experienced feelings of sadness or hopelessness (a reliable proxy for depression) in the past year. Among heterosexual and cisgender youth, the percentage is 25%.¹

31%

Percentage of LGB older adults who report depressive symptoms, nationally.²

48%

Percentage of TGNC older adults who report depressive symptoms, nationally.²

Depression affects LGBTQ people of all ages. In NYC, LGBTQ high school students report sadness and hopelessness at twice the rate of their cisgender and heterosexual peers.¹

LGBTQ older adults, in particular, show increased rates of depression: nearly a third of older LGB people and half of TGNC older adults experience depression, which is two to three times the CDC rates for the general population.^{2,3} These older adults have lived much of their lives lacking the employment, housing and health care protections that have become available to people who identify as LGBTQ in recent years. Many lost loved ones to the AIDS epidemic or are long-term survivors of HIV and experience adverse mental health outcomes due to prolonged exposure to the virus and use of antiretroviral medications (many of the earlier regimens were more toxic).^{4,5} Often, older LGBTQ adults rely on their chosen families and other robust, closely bound social networks to counteract the effects of isolation and lack of biological kinship networks that non-LGBTQ seniors can count on for support in aging.⁶

Strong, sustainable chosen families, often facilitated by LGBTQ community organizations, are a key driver of resilience among all LGBTQ communities. They also represent important supports for those living with other serious mental illnesses (SMIs), for whom personal recovery is often driven by social connection, purpose and self-efficacy.⁷ A culturally proficient programmatic response to depression and other SMIs among LGBTQ New Yorkers acknowledges the role of community support, LGBTQ-specialized leaders in the field and robust mental health competencies among community organizations citywide.

Closing Treatment Gaps

Mayor's Fund/ DOHMH/ Mayor's Office of Economic Opportunity: partnering with LGBTQ-specialized community organizations

The Connections to Care (C2C) program integrates mental health support into 15 community-based organizations that serve low-income New Yorkers by funding these organizations to contract with licensed mental health providers (MHPs). These MHPs equip community-based organization staff who already have meaningful relationships with community members to deliver evidence-supported psychosocial interventions, such as Mental Health First Aid, Motivational Interviewing and psychoeducation. Additionally, staff learn to screen for common mental health issues, including, depression, anxiety and substance misuse. Together, community-based organizations and their contracted MHPs also develop comprehensive referral and care coordination relationships to remove barriers to clinical care and improve outcomes for low-income New Yorkers.

Since its initiation in March 2016, C2C has already trained more than 1,000 staff at community-based organizations to deliver evidence-informed mental health supports and has reached over 13,000 New Yorkers. By February 2021, C2C expects to reach up to 40,000 New Yorkers. In addition to the 15

community-based organizations trained by C2C, three other NYC organizations offer specialized behavioral health services for LGBTQ people:

Hetrick-Martin Institute (HMI) strives to create a safe and supportive environment for LGBTQ youth between the ages of 13 and 24 and their families by offering a continuum of support services to foster healthy youth development.

- Staff trained through C2C between March 2016 and December 2017: 48
- Participants served through C2C between March 2016 and December 2017: 959
- Total anticipated participants to be reached through C2C by February 2019: 2459

The Door provides comprehensive youth development services to young people from diverse backgrounds. Programming specifically for LGBTQ young people includes affirming counseling programs and recreational and leadership development activities.

- Staff trained through C2C between March 2016 and December 2017: 92
- Participants served through C2C between March 2016 and December 2017: 2786
- Total anticipated participants to be reached through C2C by February 2019: 4786

Voces Latinas provides a number of culturally and linguistically proficient services to immigrant Latinas, including leadership and advocacy training; HIV prevention and case management; economic empowerment; domestic violence and crisis intervention programs; and navigators to increase health insurance access. Voces Latinas' programming reaches Latinx LGBTQ individuals.

- Staff trained through C2C between March 2016 and December 2017: 18
- Participants served through C2C between March 2016 and December 2017: 167
- Total anticipated participants to be reached through C2C by February 2019: 317

Partnering with Communities:

DFTA: Culturally Proficient Care for Older LGBTQ Adults at SAGE Senior Centers

Funded by DFTA, the SAGE Innovative Senior Center in Manhattan, which opened in 2012, is the first LGBT-dedicated senior center in the country. SAGE offers a number of social activities that are essential to maintaining well-being for LGBT older adults. Activities include:

- SAGE Story: A national digital program that draws on the unique life experiences of LGBT older adults to diversify the public narratives on aging, long-term care and LGBT rights
- Acting workshops with Michael Maher
- Tango for Beginners: Increases body awareness, balance, coordination and memory
- LGBT Older Adults Chorus: A collaboration with NYC Gay Men's Chorus where LGBT older adults relate the songs and stories from their lives
- Language Classes: Seniors study French, Spanish, Italian, German and American Sign Language

SAGE's Caregiver program provides a set of Title III-E services to LGBT seniors and their caregivers, family and friends, citywide. Services include assistance accessing benefits, counseling, support groups, training, respite and supplemental services.

And in 2014, SAGE received \$1.2 million from NYC City Council to:

- Open a new SAGE Center in the Bronx
- Expand the SAGE Center in Harlem
- Develop community partnerships with GRIOT Circle in Brooklyn and the Staten Island Pride Center, where services for older adults have been greatly expanded

DOHMH: *The Lesbian, Gay, Bisexual and Transgender Community Center*

The Health Department’s Bureau of Mental Health supports both individual and systems advocacy services at the Center and in the LGBTQ community. Services include assistance with referrals, community integration, support groups, assessments, mental health systems training and public advocacy, supportive housing applications, mental health education and obtaining benefits and entitlements.

DOHMH: *Partnering with Communities: Rainbow Heights Club*

The Rainbow Heights Club, supported by the Health Department’s Bureau of Mental Health, provides recovery services to LGBTQ individuals via a clubhouse model of psychosocial rehabilitation. Services also support the reintegration of LGBTQ individuals into a meaningful role in the community, as well as help them develop or re-establish a sense of self-esteem. The clubhouse model is based on a work-ordered day in which members and staff support clubhouse operations without a hierarchical relationship.

DOHMH: *Geriatric Mental Health Initiative*

In addition, the Health Department oversees the City Council’s Geriatric Mental Health Initiative, which helps community-based organizations improve their capacity to identify depression and alcohol/substance use disorders among older adults and connect those in need with support and treatment services. The initiative includes the SAGE Center, which provides psychiatric evaluations and treatment, individual and group supportive counseling and case management for LGBTQ seniors.

Future Directions

DOHMH: *Advancing LGBTQ-proficient Mental Health First Aid*

The City has committed to training 250,000 New Yorkers in Mental Health First Aid by 2021 and the LGBTQ community is an important part of that goal. The Health Department will identify three to four trainers from our Mental Health First Aid training pool who will serve as culturally competent and affirming trainers. This will help ensure that Mental Health First Aid trainings are culturally sensitive.

DOHMH: *Expanding mental health literacy across community organizations*

C2C aims to improve mental health and social outcomes for low-income New Yorkers by expanding the capacity of community-based organizations to identify unmet mental health needs in their communities and deliver effective, accessible, culturally relevant and person-centered mental health support.

1. The C2C program will continue to improve the depth and quality of services provided by the 15 participating community-based organizations by connecting C2C providers to organizations that specialize in LGBTQ-affirming care to promote sharing of expertise and best practices.
2. Continue to learn from current C2C implementation and explore options for bringing the C2C model to additional community-based organizations.

VII. Preventing Suicide, Providing LGBTQ-Proficient Supports

31%

Percentage of LGBTQ high school students in NYC who reported ever considering suicide. The percentage among heterosexual and cisgender students is 11%.¹

57%

Percentage of TGNC adults whose families have cut off contact from them who report a past suicide attempt, nationally.²

The risks of suicidality are among the most pressing disparities experienced by LGBTQ New Yorkers. In 2015, nearly a fifth of LGBTQ high school students in NYC reported attempting suicide in the past year, versus less than one tenth of their cisgender and heterosexual peers. Suicidal thoughts occurred at nearly three times the rate among LGBTQ students compared to non-LGBTQ students.¹ While reliable evidence and stirring personal accounts both point to bullying, bias-based harassment and rejections by families of origin as key drivers of suicidality, its disproportionate prevalence is likely due to a confluence of intersectional-ecological factors that contribute to stigmatization and loss of hope among LGBTQ people.^{3,4} Nationally, rates of suicidal attempt are most elevated among TGNC people, across demographics and life experiences, exceeding two thirds for TGNC people who have experienced homelessness.²

Emphasizing social connectedness and imbuing the coming-out process with personal meaning can support resiliency among LGBTQ people of all ages against the risks of suicidality.^{5,6} These strains of resilience can reinforce one another in meaningful ways as individuals connect to new and affirming communities, events and settings, building proud self-evolved identities and protective factors. Government can facilitate these processes to foster social bonds and hope by encouraging LGBTQ visibility and supporting community organizations.

But for those in acute distress, quick, no-threshold access to culturally competent support among crisis services are critical, as are broader efforts to expand affirming care in NYC.

Closing Treatment Gaps

DOHMH: Boosting LGBTQ proficiencies in NYC Well

The NYC Well provider database now includes over 65 LGBTQ-affirming providers for referral. Provider information is indexed in a manner compliant with Alliance of Information and Referral Systems certification standards. All information provided by NYC Well has been confirmed with the relevant provider. NYC Well reviews provider listings quarterly to confirm a provider's self-reported program specialties. Further, NYC Well continuously adds LGBTQ providers when it becomes aware of them to ensure that the provider database is comprehensive.

NYC Well counselors are trained via a Mental Health Alliance-NYC (MHA-NYC) partnership with the Trevor Project, which presented best practices around gender-identity data collection to NYC Well counselors. Both agencies are members of the board of the National Suicide Prevention Lifeline Standards, Training and Practice Committee. MHA-NYC and the Trevor Project meet regularly to ensure these practices remain culturally attuned and up-to-date.

Acting Early

DOE: K–12 suicide prevention training

DOE, in collaboration with the Samaritans of NY, provides training to school staff on how to create safe environments, identification, warning signs and protective factors. Training participants also learn how to identify psychological disorders and self-harming behaviors, as well as how to assess risk and provide ongoing supports.

Future Directions

DOHMH: NYC Well is exploring how to better measure demand for LGBTQ services to ensure that the NYC Well resource database reflects the needs of the LGBTQ community.

VIII. Preventing Intimate Partner Violence (IPV), Expanding Supports of LGBTQ Survivors

18%

Percentage of LGBQ high school students who have experienced dating violence in NYC. Among heterosexual students, the percentage is 8%.¹

Economic instability and structural stigma are linked to IPV or relational violence across communities. LGBTQ communities experience these stressors at higher rates than non-LGBTQ communities. IPV can assume a host of forms, encompassing not just physical assault, but power imbalances, coercion and financial manipulation between intimate partners. When seeking treatment, survivors may encounter hetero- and cis- normative and monogamy-centered paradigms of care that are inconsistent with the nature of relational violence in the LGBTQ community and the experiences of its survivors.^{2,3,4}

Among young people in NYC, LGBQ youth report more than twice the prevalence of dating violence as their heterosexual peers in 2015.¹ Nationally, rates of intimate partner violence against TGNC people may range from 31.1% to 50.0%.⁵ Transgender women, regardless of race and ethnicity, are more than twice as likely as other LGBTQ survivors to endure stalking and financial coercion.²

It is critical that services for LGBTQ survivors acknowledge not only the challenges LGBTQ communities face but also the potentially dehumanizing encounters that may lead to a reluctance to access systems of care. Services for LGBTQ survivors should also recognize the deep-rooted strengths within LGBTQ communities and build upon these strengths. The City has partnered with local leaders to advance LGBTQ-proficient care for survivors of intimate partner violence and has updated preventative efforts for young people to include LGBTQ-informed perspectives.

Partnering with Communities

New York City Anti-Violence Project

The New York City Anti-Violence Project (AVP) is a local leader in community organizing and advocacy for LGBTQ survivors of intimate partner violence. AVP offers counseling, crisis services, referrals, support navigating government systems, and more to its clients. It has partnered with the city on a number of initiatives:

- **DSS (HRA): Providing community-based services for LGBTQI survivors of IPV.**
HRA in partnership with AVP, provides community-based services, including counseling and advocacy services, to LGBTQI survivors of domestic and intimate partner violence. On average, AVP provides services to over 100 LGBTQI survivors of domestic violence and intimate partner violence each month.
- **OCDV: Providing LGBTQ-inclusive services at Family Justice Centers.**
OCDV partners with AVP to provide on-site services to LGBTQ survivors. To better identify and serve these survivors, OCDV has adopted more inclusive data collection measures that capture a range of gender identities and sexual orientations. Additionally, OCDV recently held a roundtable at AVP with First Lady Chirlane McCray and community organizations that work exclusively with LGBTQ survivors to identify ways to continuously improve.

Acting Early

OCDV: An LGBTQ+ inclusive Healthy Relationships Training Academy

Preventative efforts and education for LGBTQ+ youth can be particularly important. As part of their ongoing involvement with the NYC Unity Project, OCDV reviewed their workshops on healthy relationships, dating violence and consent to be more affirming and inclusive of scenarios specific to LGBTQ+ youth. OCDV's Healthy Relationship Training Academy now works with DOE to bring these workshops to school-based Genders and Sexuality Alliances (GSAs). This creates a much-needed space for LGBQ and TGNC young people to openly discuss relationship challenges and celebrate healthy relationships.

DSS (HRA): An LGBTQ-inclusive Teen Relationship Abuse Prevention Program

The Teen Relationship Abuse Prevention Program (RAPP) is a program run by HRA in partnership with DOE and three community providers: the Center Against Domestic Violence (CADV), Day One and STEPS to End Family Violence (of Edwin Gould Services for Children and Families). RAPP helps young people cultivate healthy relationship skills and self-esteem, including support for LGBTQI young people. RAPP reaches over 12,000 students in more than 90 middle and high schools each school year. Through the Mayor's Domestic Violence Task Force, a new program called Early RAPP was funded this year to bring healthy relationship education to middle schoolers utilizing components from both the RAPP program and OCDV's Healthy Relationship Training Academy. The program will be implemented in 128 middle schools by the end of the 2018-2019 school year.

Future Directions

OCDV: Expanding supports for LGBTQ+ survivors.

OCDV will continue to work in partnership with LGBTQ+ specific community-based organizations to expand and enhance supports for LGBTQ+ survivors through training, prevention and direct services.

1. In the coming year, OCDV will continue to collaborate with GSAs to facilitate workshops and give GSA members the tools they need to initiate their own efforts to prevent dating violence in their communities.
2. OCDV will continue to train service providers on intimate partner violence in the LGBTQ+ community beginning with HRA, DOE, Probation and other City agencies. OCDV anticipates reaching another 500 City employees in 2018.

IX. LGBTQ-Attuned Recovery from Substance Misuse

16%

Percentage of LGB high school students in NYC who report illicit drug use. The percentage among heterosexual students is 8%.¹

21%

Percentage of TGNC high school students in NYC who report non-medical prescription opioid use. The percentage among cisgender students is 7%.¹

35%

Percentage of LGBQ high school students in NYC who report current drinking. The percentage among heterosexual students is 20%.²

The stressors and stigma experienced by LGBTQ people have been shown to cause social and psychological harm.³ The harms of these stressors and stigma — including discrimination, bias and life stress — have been linked to increased rates of substance use disorder among LGBTQ individuals.^{4,5,6} In 2015, NYC high school students who identified as LGBQ were more than twice as likely as heterosexual-identified youth to report non-medical use of stimulants, benzodiazepines and prescription opioids, as well as use of cocaine and synthetic cannabinoids such as K2. The likelihood of non-medical prescription drug use among TGNC compared to cisgender students may be many times higher.¹

People who identify as LGBTQ also use alcohol and tobacco products at elevated rates, both to aid in socialization and to cope with stress — including stress induced by non-affirming school climates.^{7,8} For LGBTQ people who do not currently smoke or drink, secondhand smoke and alcohol sponsorship and branding can be unavoidable at community events and spaces.⁹

Only with an accurate understanding of the psychosocial harms that affect the LGBTQ community, and TGNC individuals in particular, can we support the treatment system to meet LGBTQ individuals' needs.¹⁰ Alongside broader policy changes to reduce stigma, efforts are underway in NYC to identify and address gaps in LGBTQ proficiency among recovery services and to offer younger community members spaces and events where socialization is not synonymous with substance use.

Partnering with Communities

DOHMH: LGBTQ-proficient recovery services at the *Lesbian, Gay, Bisexual & Transgender Community Center*

The Health Department contracts with the LGBT Community Center to provide the following programs:

- Adult outpatient substance use disorder treatment, with an emphasis on medication for addiction treatment
- Adolescent outpatient substance use treatment
- Two substance misuse prevention programs that focus on serving adolescent populations
- Youth Clubhouse, which is a substance-free, drop-in social support center and safe haven

DOHMH: Syringe Exchange Program at the *AIDS Center of Queens County*

Funds provided by the Health Department to the AIDS Center of Queens County partially support substance use disorder treatment and harm reduction services tailored to meet the needs of transgender women who have recently immigrated to the United States from Central and South America.

Changing the Culture

DOHMH: Identifying LGBTQ competency gaps among recovery services

Health Department staff are improving consultation tools used during on-site visits to all Department contracted and licensed NYS Office of Alcohol and Substance Abuse Services providers in New York City. These improved tools will be used to determine if staff have training or experience working with people with diverse sexual orientations and gender identities; whether the organization is prepared to identify sex- and gender-related health issues, such as accessing culturally competent gynecology or primary care, especially for transgender and gender non-conforming people; and the extent to which the organization can meet the needs or provide tailored care, accommodations or treatment as needed to LGBTQ individuals or LGBTQ communities (e.g. access to gender neutral restrooms for participants).

During consultations, the Health Department will identify actionable gaps and provide educational materials, training and technical assistance to the providers, including materials from NYU's McSilver Institute's Managed Care Technical Assistance Center (MCTAC), a resource dedicated to substance use disorder service providers.

Future Directions

DOHMH: Comprehensive drug and alcohol misuse prevention program

The Health Department will support seven community coalitions to advance evidence-based best practices to reduce problem substance use among LGBTQ young people. Strategies will emphasize structural and community change, and may include reliably checking IDs, avoiding over-service of alcohol and raising awareness of risks and prevention strategies. In addition, the Health Department plans to create a substance use media literacy curriculum to equip LGBTQ youth with the tools necessary to assess and evaluate the role of advertising and the media in influencing decisions to use alcohol and misuse prescription medications. Three dedicated positions have been created to coordinate the program and implementation began in May 2018.

X. Sustaining Gains in Sexual Health

76%

Percentage of New Yorkers living with HIV who were virally suppressed in 2016.¹

14.8%

Year-to-year decrease in new HIV diagnoses among men who have sex with men in 2015–2016.¹

90.4%

Percentage of new HIV diagnoses among NYC women in 2016 comprised of Black and Latinx women.¹

Across NYC, greater access to effective antiretroviral treatment has contributed to a decline in new HIV diagnoses.² Alongside these and other notable sexual health gains, disparities persist. New HIV diagnoses among cisgender and transgender women of all racial groups rose by 5% from 2015 to 2016, with 90.3% of these new diagnoses occurring among Black or Latinx women and over 50% occurring among women over the age of 40. Residents of high-poverty neighborhoods in NYC remain significantly more likely to be diagnosed with HIV and a number of other communicable diseases.^{1,3}

Stigma impacts the lives and health outcomes of people living with HIV in many harmful ways. Structural and intersectional forms of stigma can discourage screening of and access and adherence to HIV treatment or effective forms of prevention, including PrEP (pre-exposure prophylaxis).^{4,5,6} Experiences of discrimination and rejection can lead to internalized stigma, which can undermine positive self-identity and increase the risk of depression, anxiety and substance misuse for LGB and TGNC people.^{7,8}

Reliable social supports and a durable sense of self-efficacy (sometimes termed “self-mastery”) are at the heart of known resilience factors for people living with HIV.⁵ A range of initiatives, undertaken by the Health Department, provide opportunities for LGBTQ communities to forge social and therapeutic bonds, and connect with LGBTQ-knowledgeable healthcare providers.

Using Data Better

DOHMH: SOGI Data Collection efforts

The Health Department continues to improve sexual orientation and gender identity (SOGI) data collection to ensure that surveys, forms and other materials are LGBTQ-affirming, to improve the availability and accuracy of SOGI data, and to help direct Health Department programming.

- The Health Department’s eight Sexual Health Clinics use a two-step question for gender identity and sex assigned at birth on their intake forms.
- The Bureau of HIV’s [Surveillance Annual Report](#) categorizes transgender women as women and transgender men as men.
- The Department works internally and with other government agencies and community partners to improve SOGI data collection, including in connection with:
 - The Health Department’s Community Health Survey
 - The Health Department’s Social Determinants of Health Survey
 - National Behavioral Risk Survey

Closing Treatment Gaps

DOHMH: The NYC Health Map includes a centralized directory for LGBTQ-affirming care

As part of the “Bare It All” campaign, the Health Department developed a directory of over 100 LGBTQ-knowledgeable healthcare providers based on facility surveys. The directory is available through the Health Department’s interactive NYC [Health Map](#), an online resource to help direct LGBTQ individuals to LGBTQ-knowledgeable providers and health care services, including primary care, sexual health care, gender-affirming care and HIV counseling, prevention and care services.

DOHMH: Re-Charge, engaging crystal methamphetamine users in harm reduction

The Health Department provides funding for Re-Charge, a harm reduction program designed for MSM and individuals of trans experience who have sex with men and who use crystal methamphetamine. The program takes an HIV status-neutral, sex-positive and nonjudgmental approach. It features twice weekly drop-in groups facilitated by a peer support worker and a licensed social worker and offers participants a range of individualized services including health education, individual and group counseling and low-threshold medical and psychiatric visits on-site and by referral.

DOHMH: New York Knows, a citywide HIV testing initiative

The Health Department’s [New York Knows](#) initiative is the nation’s largest citywide HIV testing initiative. New York Knows collaborates with community-based organizations, community health centers, hospitals, colleges and universities, faith-based organizations, and businesses to help ensure that all New Yorkers are tested for HIV, including by making testing a routine part of health care; linking people diagnosed with HIV to care, and connecting people at risk of HIV to prevention services, including PrEP and PEP. New York Knows coordinates HIV testing and outreach events at gay bars and clubs across the city for National Gay Men’s HIV/AIDS Awareness Day; oversees efforts for Project THRIVE, a CDC-funded initiative that enhances efforts related to biomedical HIV prevention and care coordination for MSM of color; and convenes several youth committees.

DOHMH: PrEP and PEP public health detailing for healthcare providers citywide

The Health Department launched a campaign in 2014 to provide primary care and infectious disease practices with resources to support PrEP and PEP. The campaign includes one-on-one educational visits to practices using a Health Department-developed PrEP and PEP Action Kit. The kit provides resources on taking sexual histories, screening sexually active patients and discussing and prescribing PrEP and PEP. To date, the campaign has visited more than 2,500 providers at more than 1,300 clinical sites across the city, including providers at sites that have recently diagnosed HIV in MSM of color, a group disproportionately affected by HIV in NYC.

DOHMH: LGBTQ-targeted outbreak response

The Health Department reaches out to LGBTQ communities to address disease outbreaks (e.g., meningococcal and hepatitis) in those communities through targeted marketing campaigns, among other activities. To address the increase in hepatitis A among MSM, the Health Department launched a marketing and social media campaign that used dating applications and print materials urging MSM to get vaccinated for hepatitis A.

DOHMH: Creating LGBTQ-specific health materials for clinicians and consumers

The Health Department has developed a range of clinician- and consumer-facing guides on LGBQ-, MSM- and TGNC-specific health matters and affirming practices, including:

- “City Health Information: [Providing Primary Care to Transgender Adults](#)”
- “City Health Information: [Providing Comprehensive Health Care to Men Who Have Sex With Men \(MSM\)](#)”

- “City Health Information: [Making the Sexual Health History a Routine Part of Primary Care](#)”
- “Health Action Network Alert: [Celebrate NYC Pride by Offering Guidelines-Based Preventative Services to Men and Transgender Individuals Who Have Sex With Men](#)”
- “[Take Pride, Take Care: Tips for Transgender Women’s Health](#)”
- “[Health Tips for Trans Men and People of Trans-Masculine Experience](#)”
- “[Sexual and Reproductive Health \(SRH\) Best Practices](#)”

Acting Early

DOHMH: Connecting adolescents to HIV risk screening and care

The Health Department funds three clinical sites to engage adolescents at risk for HIV (most of whom are young gay and bisexual men and other MSM) in biomedical HIV prevention services, such as risk screening, education and clinical care:

- La Casa de Salud
- Montefiore Medical Center’s Adolescent AIDS Program
- New York Presbyterian Hospital’s Project STA

These programs also provide support services and patient navigation to reduce the behavioral health, structural, financial and psychosocial factors related to HIV risk.

DOE: Condom Availability Program

DOE’s School Wellness Programs train school staff on including LGBTQ experiences in the high school Condom Availability Program, which provides condoms and other health resources to high schools. High school level educators, social workers, guidance counselors, administrators, parent coordinators and other school-based staff members who administer the program learn how to help youth feel comfortable accessing a range of sexual health resources and to provide referrals to adolescent-friendly and LGBTQ-affirming health care providers. High schools are required by the DOE HIV/AIDS prevention program to provide Health Resource Rooms where free condoms, health information and health referrals are made available to students in grades 9-12 by trained staff.

DOHMH: Accessible family planning services for LGBTQ youth

In 2018, the Door received funding from the Health Department’ to enhance their on-site family planning services and their peer educator program, with emphasis on reaching LGBTQ youth. The Door provides a range of services targeted to disenfranchised youth and is particularly adept at reaching and meeting the needs of LGBTQ youth.

Changing the Culture

DOHMH: “Bare It All,” empowering LGBTQ patients

In 2017, the Health Department launched the “[Bare It All](#)” campaign, a citywide multimedia campaign that encourages LGBTQ New Yorkers to open up to their doctors about everything that affects their health — and to find a new doctor if they cannot have these conversations. “Bare It All” directs LGBTQ New Yorkers to the Health Map (nyc.gov/health/map) to help them find an LGBTQ-knowledgeable provider.

DOHMH: Boosting LGBQ and TGNC competencies at Sexual Health Clinics

The Health Department mandated that all sexual health clinic staff take two day-long trainings, as recommended by a transgender community advisory board: “Understanding, Respecting and Treating LGBTQ Clients” and “Welcomed & Affirmed: Providing Culturally Competent Services for Transgender

and Gender Non-Conforming (TGNC) DOHMH Patients.” Sexual Health Clinic staff with frequent patient contact also completed a follow-up training: “TGNC Practice Patient Training.” Participating staff completed skills-building activities with TGNC consultants, who acted in patient roles and advised staff of best practices in providing affirming care, including sexual history-taking.

DOHMH: Advancing sexual and reproductive justice at LGBTQ-specialized healthcare providers

The Health Department funds a number of providers and community centers, a majority of them LGBTQ-specialized, with two-year contracts to promote sexual and reproductive justice. Contract winners include GMHC, ACRIA, Queens LGBT Community Center, Planned Parenthood Staten Island and Ifetayo Cultural Arts Academy.

DOHMH: QINCA, raising LGBTQ responsiveness in contraceptive access

Through a partnership with John Snow Inc. (JSI), the Health Department has developed the Quality Improvement Network for Contraceptive Access (QINCA) which offers participants from New York City primary care, post-abortion, and postpartum service settings a presentation on LGBTQ cultural responsiveness. . The presentation covers LGBQ and TGNC terminology; definitions of sex, gender and sexuality; and practicing ways to use gender pronouns. An initial cohort of providers received the presentation in April 2016, and a second cohort received the presentation September 2017.

DOHMH: Clinical assessment survey: and incentivizing LGBTQ proficiencies

Included in the Health Department’s standard clinical assessment for NYC sexual and reproductive health care providers is an LGBTQ-specific section. Facilities that meet the criteria in the clinical assessment will receive various designations, one of which includes being an LGBTQ resource listed on the Health Department’s Health Map. Additionally, the Health Department will offer three workshops to facilities that completed the clinical assessment. The workshop topics are Gender 101, and Overcoming Bias, Gender Bias and Gender-Affirming Care. Facilities can use these workshops to raise their score in the gender and LGBTQ+ training section of the clinical assessment.

Partnering with Communities

DOHMH: The R.E.D. Ball and outreach to the ballroom community

Each year, the Health Department funds and hosts the R.E.D. (Remembering, Empowering, Doing) Ball, held on or during the same week as World AIDS Day, in partnership with the NYC Kiki Coalition, a group that coordinates health and social services outreach to LGBTQ youth of color involved in the Kiki and Ballroom scenes. This event also provides STI screening and free safer sex products, including the Health Department’s PlaySure kits.

DOHMH: Hep Free NYC, engaging community stakeholders to know their risks

The Health Department's Viral Hepatitis Program organizes Hep Free NYC, a community coalition that shares best practices, identifies needs, and develops and implements strategies to improve health outcomes of people at risk for or living with hepatitis B and C in NYC. Hep Free NYC includes an LGBTQ committee that has developed, printed and distributed a pocket card that educates LGBTQ individuals about their risk for hepatitis B and C and refers them to LGBTQ-competent organizations where they can get tested and receive care. Hep Free NYC has also created a postcard, which includes a tracker for testing and vaccination, informing MSM of their risks for hepatitis A and B.

Future Directions

DOHMH: Support Community Partners Working to Meet the Needs of the LGBTQ Community

The Health Department will continue to support community-based organizations providing services to the LGBTQ community. The Health Department has made a commitment to the sexual and reproductive justice framework through its Sexual and Reproductive Justice Community Engagement Group.

DOHMH: The Health Department will continue to improve its LGBTQ programming to help reduce health disparities and ensure that LGBTQ populations receive appropriate, affirming care.

Appendix

Internal City Agency Transformation Initiatives

DFTA: Training case management staff in LGBTQ-affirming practices for seniors. DFTA's Training Center has conducted training continuously for case management agency staff on working with LGBTQ seniors since September 2008. After so many years, every staff person (directors, supervisors, line staff) working in case management has received training (with a few exceptions for the recently hired). We have also provided trainings in recent years for senior center staff, entitled *Creating and Maintaining an LGBTQ-Safe and Inclusive Senior Center* in partnership with SAGE.

DOE: Gender equity trainings. The Gender Equity Coordinator has trained all Single Shepherds and many SAPIS employees on the topic of gender equity in schools. This training focuses on best practices for supporting transgender students.

DOE: K–12 designated liaison training. Annually DOE's Office of Counseling Support Programs and the Field Support Centers provide training in all boroughs to staff in all schools on child abuse and maltreatment prevention. Training includes DOE and ACS protocol and New York State Identification and Reporting Mandates.

DOE: Unpacking Racism trainings. This 6-hour, all-day (8:30-3:15) interactive, participant-centered anti-discrimination training for school counselors and school social workers is offered for NYC public schools, which are facing bullying, identity destruction, intergroup conflict and community disempowerment, but who are committed to ending discrimination and injustice and to institutionalizing substantive and sustainable culture change. The presenter will be Don Kao, Director of Project Reach, Chinese American Planning Council.

DOE: ThriveNYC Universal programs. DOE, in collaboration with the Health Department, offers professional development opportunities for all DOE staff. Kognito-At-Risk is an evidence based training offering three distinct modules for elementary, middle or high school personnel. The modules educate staff on how to a) recognize early signs and symptoms of psychological distress in students including depression, anxiety and suicidal thoughts and b) connect students in need of resources within a school setting. Youth Mental Health First Aid introduces participants to common mental health challenges in youth and young adults ages 12–18, their unique risk factors and warning signs, builds understanding of the importance of early intervention and teaches participants how to help a young person in crisis or experiencing mental health challenges. Making Educators Partners is designed to meet the general youth suicide awareness needs of all faculty and staff in schools and its content reflects current knowledge and evidence based practice in the field of youth suicide prevention from the perspective of school personnel.

DOE: Suicide prevention train the trainer. Through a partnership with The Trevor Project, 120 school-based staff will go through train-the-trainer modules that will empower them to recognize the signs of suicidal ideation and share this information with their colleagues and students.

DOE: Mindfulness workshops. The Mindfulness Coordinator collaborates with schools to train staff on mindfulness, meditation and chair yoga. Strategies taught to educators include but not limited to: emotional regulation, social emotional learning, mindful breathing, finding your base, body scan and seated meditation. Mindfulness Coordinator is available for ongoing support to schools and offices.

DOE: Dating violence trainings. The Gender Equity Coordinator has coordinated training for approximately 800 school employees on the topic of teen dating violence. She facilitates these in partnership with the Mayor's Office to Combat Domestic Violence and Day One, along with Senior Administrator Margarita Suero. Dating violence disproportionately affects LGBTQ+ students; every training highlights the importance of supporting LGBTQ+ students.

DOE: Human trafficking trainings. The Office of Counseling Support Programs launched a training on Human Trafficking for school staff. This training has been brought to approximately 200 people so far and five more trainings are scheduled in 2018. The Gender Equity Coordinator also works with Day One to bring a training on The Intersections of Dating Violence and Sex Trafficking to social workers. These have been brought to approximately 120 people so far. Human trafficking disproportionately affects LGBTQ+ youth; every training highlights the importance of supporting LGBTQ+ students.

DOHMH: Raising gender identity and expression awareness. The Health Department provided the Teaching Transgender Institute's "Training of Trainers" to a cohort of its trainers to increase staff capacity to deliver training on TGNC cultural responsiveness.

DOHMH: Boosting TGNC competencies in the community. The Health Department delivers an "LGBTQ Primer" to staff that work in HIV prevention/treatment settings across the city.

DOHMH: Advancing agency-wide gender justice awareness. Gender Justice Core Training will begin to be offered to all staff in calendar year 2019. The goal is to train all 6,500+ staff within DOHMH in 3 years, with curriculum content including: expansive understanding of gender and sexual orientation; LGBTQ cultural responsiveness; institutional and structural inequities; and intersections of identity and systems of oppression.

DOHMH: Boosting TGNC competencies in the Bureau of HIV/AIDS Prevention. The Health Department arranged for a transgender consultant to deliver a

“Transgender Awareness” training to Bureau of HIV/AIDS Prevention and Control staff. Topics addressed included transgender basics, history, physical and mental health outcomes and improving trans competencies.

DOHMH: LGBTQ capacity building at Neighborhood Health Action Centers. The Health Department has begun efforts to improve how Neighborhood Health Action Centers support LGBQ and TGNC communities of color. The Center for Health Equity has a LGBTQ task force for the Action Centers that works to strategize and plan efforts for staff training in understanding gender, sexual orientation and LGBTQ cultural responsiveness as well as opportunities for community engagement. The East Harlem Action Center currently offers some programming around sexual and behavioral health through SMART University’s youth program on Fridays. SMART is one of the co-located community based partners in the building. The Family Wellness Suite at the Action Center also provides programming around sexual and reproductive health. Staff at the East Harlem Neighborhood Health Action Center was trained by CHE’s LGBTQ Health Equity Specialist on working with LGBQ and TGNC communities of color.

The East Harlem Neighborhood Health Action Center will host listening sessions within the first quarter of FY19 with community-based organizations in their Governance Council and with community members within their networks to learn more about services, policies and practices that would make the Action Center a more culturally responsive place in fulfilling the needs of LGBTQ people of color.

DOHMH: Prioritizing intersectional approaches in public health. The Health Department’s Race to Justice initiative organizes racial justice training, work groups and action planning toward dismantling institutional racism and promoting social justice across all areas of the agency’s work. The Race to Justice Staff Team in CHE includes staff focused on LGBTQ and gender equity efforts. The Race to Justice staff team is currently facilitating planning sessions with key stakeholders in the agency working on existing racial equity, gender justice and LGBTQ equity efforts to create intersectional approaches for improving equity for all Health Department staff so that we may better serve all people marginalized due to their perceived or actual race, gender identity, gender expression, sexual orientation and other social identities. Training on gender equity, including implicit bias, discrimination, cultural competency and institutional and structural inequity, with respect to gender, race and sexual orientation and on how these factors impact the work of the Health Department will be provided to all staff over the next three years. An assessment focused on race and gender equity is also underway in response to Local Law 174 to guide action planning to ensure that the Health Department is fully addressing the institutional and structural inequities that marginalize people due to their race, gender identity, gender expression and sexual orientation.

DSS: Addressing LGBTQI needs in social services. DSS has a Director of Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex Affairs, who sits in the Office of

Advocacy and Outreach. This staff position serves as a liaison with LGBTQI organizations and clients while at the same time providing technical assistance and subject-matter expertise for HRA and DHS staff and leadership. Projects in the LGBTQI Affairs portfolio include coordination of an active workgroup of LGBTQI advocates, development and review of agency policies and practices for LGBTQI cultural competency, changes to information systems to better accommodate SOGI data collection and oversight for the agency’s gender equity work.

DSS: Bolstering agency-wide LGBTQ cultural responsiveness in social services. DSS, which includes HRA and DHS, began mandating comprehensive LGBTQI training for all staff in 2015. The curriculum for this program was developed in partnership with LGBTQI advocates through our agency workgroups, as well as internal agency staff and leadership. The subject matter includes terminology, concepts, history, an analysis of barriers faced by LGBTQI people and hands-on application of best practices. Our trainings have reached over 12,000 staff members at the agencies and our affiliated providers.

DSS: Ensuring equity in social services. Another area of focus in the coming year will be the implementation of the new local laws regarding equity in the delivery of services, which will expand on our existing LGBTQI and gender equity work. We have always incorporated an intersectional lens into our LGBTQI and gender equity portfolio and we welcome the opportunity to collaborate with agency partners and experts in racial equity to assess and build shared analysis around the intersections of race, gender, sexual orientation and income. In time, this process will result in a new slate of trainings and cultural responsiveness initiatives for our staff, which will include LGBTQI and gender equity training.

NYPD: Boosting LGBTQ cultural proficiency in the NYPD. The NYPD LGBTQ Liaison for the Police Commissioner, in collaboration with the Gay Officers Action League, assures the NYPD level of awareness and competence in serving the LGBTQ communities through extensive training of all new recruits, new school safety agents, new traffic agents and members promoted to Sergeant, Lieutenant and Captain. These trainings cover intimate partner violence, family bias and violence, bias crimes, structural and internalized homo- and transphobia, coming out, working with the transgender community and providing referrals for members of LGBTQ communities. In addition, precincts and specialty units can request specialized training direct from the LGBTQ Liaison.

OCDV: Dismantling heteronormative paradigms of care. The Office collaborates with AVP to provide training on *Intimate Partner Violence in the LGBTQ+ Community* at every Family Justice Center to ensure that all partner agency staff receive a best practices training that addresses sexual orientation, gender identity and engagement with LGBTQ survivors. This is now a required training for all staff working on site.

Recent Advocacy and Events

CCHR: Celebrating LGBTQ-affirming communities of faith. As part of its celebration of Passover, the Commission hosted an Interfaith Freedom Seder at Congregation Beit Simchat Torah, the world's largest LGBTQ synagogue, at which over 40 community leaders, religious leaders and community-based organizations were in attendance or were represented. The Seder was co-sponsored by Jews for Racial and Economic Justice, Interfaith Center of New York, Islamic Center at New York University, Union Theological Seminary, New York Divinity School and Centro Altagracia de Fe y Justicia.

In June 2017, the Commission partnered with LGBTQ groups and Muslim groups to host an LGBTQ Iftar at the Lesbian, Gay, Bisexual and Transgender Community Center. This was a time for the community to come together in a safe space to celebrate both Ramadan and Pride month.

CCHR: Facilitating supportive family conversations. As part of its work for the NYC Unity Project, CCHR will host workshops for parents to enable open and affirming family conversations around sexual and romantic diversity, gender identity and expression and the unique stressors faced by LGBTQ youth. These workshops will provide a venue for parents and youth to broaden their understanding of LGBTQ identities, especially TGNC identities.

CCHR: Engaging mission-driven organizations to advance family acceptance. Under the auspices of the NYC Unity Project, the Commission convened three roundtable discussions with community-based organizations serving the LGBTQ community. The discussions aimed to identify needs and existing resources around family acceptance and coming out for LGBTQ youth. Organizations attending the roundtables included the National Queer Asian Pacific Islander Alliance, Tyler Clementi Foundation, Ackerman Institute for the Family, The Lesbian, Gay, Bisexual and Transgender Community Center, Caribbean Equality, Hetrick-Martin Institute, Jewish Queer Youth, Tarab and others. The discussions, which centered on the unique challenges that family acceptance presents in the City's many diverse communities, will form the basis for the Commission's upcoming efforts around family acceptance.

CCHR: Partnering with faith leaders to protect LGBTQ youth. As part of the Unity Project, the Commission will work with faith leaders to support LGBTQ-affirming houses of worship and will work with schools to raise awareness and combat bias-based harassment and violence in LGBTQ youth communities.

CCHR: Engaging LGBTQ-affirming communities of faith. The Commission, alongside the Health Department and the Mayor's Community Affairs Unit, has conducted two roundtables with LGBTQ-affirming faith leaders and community organizations to identify barriers to acceptance among faith leaders, who are often sources of guidance and values for families. These roundtables provided input for a planned March 2018 Faith Leaders' Summit, which will be

hosted at Gracie Mansion by the First Lady of New York City.

CCHR: Facilitating intergenerational coming-out narratives. On National Coming Out Day in October 2017, in partnership with several organizations, the Commission convened open houses throughout the five boroughs where both young and senior members of the LGBTQ community shared their coming out stories and empowered one another. The Commission was also able to provide information about the City's Human Rights Law and the work of the Commission itself, so that the LGBTQ community knows that these resources are available to them. Partner organizations included Generation Q, the Caribbean Equality Project, Destination Tomorrow, the Staten Island Pride Center and the Brooklyn Community Pride Center.

DOE: GSA Healthy relationships celebrations. The Gender Equity Coordinator leads an initiative that launches one celebration of healthy relationships in each borough. GSA's host and attend this event, which is focused on LGBTQ+ relationships and includes a workshop by the Healthy Relationships Training Academy. 100 people can attend each event.

DOHMH: Championing equity in blood donation. In November 2016, the Health Department, along with the NYC Commission on Human Rights and Department of Citywide Administrative Services, submitted a [public comment](#) calling on the FDA to eliminate its recommended policy prohibiting men who have had sex with men in the last 12 months from donating blood and to replace it with an evidence-based three-step screening process that does not exclude potential donors on the basis of sexual orientation or gender of their sexual partners.

DOHMH: Championing equitable access to gender-affirming care. In October 2016, the Health Department led efforts to draft a public comment on the NYS Department of Health's proposed rule regarding Medicaid coverage of transition-related transgender care and services. The comment, submitted by the Health Department, HRA, CCHR, and ACS urged the NYS Department of Health to comply with authoritative guidance regarding eligibility criteria for coverage for gonadotropin-releasing hormone agents, guidance to Medicaid managed care organizations and documentation requirements for coverage of gender reassignment surgery.

Advisory Boards, Workgroups and Task Forces

DOE: LGBT+ Advisory Council. The LGBT+ Advisory Council met regularly with 34 community organizations and other city agencies. Members reviewed policies, created best practices and collaboratively planned to better support LGBT issues in schools.

DOHMH: LGBTQ Health Equity Coalition of NYC. The Health Department facilitates activities of the LGBTQ Health Equity Coalition of NYC, a group of nonprofit, private and governmental organizations, individual

community members and allies that is committed to advancing the health of LGBTQ New Yorkers through the collective impact of novel partnerships. The Coalition brings together a diverse group of individuals and organizations that serve and advocate for the city's LGBTQ populations. Four community health summits have been conducted; discussions and presentations focused on identifying possible needs and major issues facing NYC's LGBTQ populations (e.g., access to medical care, mental health, housing, employment), brainstorming solutions for addressing identified needs and issues and exploring proposed actions for change.

DOHMH: LGBTQ Community Services Board subcommittee. Each quarter, the Health Department convenes an LGBTQ subcommittee of its Community Services Board to facilitate knowledge-sharing, stakeholder input and transparency and accountability in city government. Organizations represented on the board include The Trevor Project, HMI, The Center, ACRIA, Callen-Lorde, Harm Reduction Coalition and more.

The Community Services Board LGBTQ Subcommittee contributes to the development of the Health Department's Local Services Plan for submission to NYS's Office of Mental Health, Office of Alcoholism and Substance Abuse Services and Office for People with Developmental Disabilities.

DOHMH: Sexual and Reproductive Justice Community Engagement Group. The community engagement group is funded through a five-year sexual health initiative and is comprised of community members and government staff working together to develop sexual and reproductive health campaigns. Since June 2015 CEG has met monthly and, in November 2016, launched a community-produced sexual and reproductive justice [video](#) that highlights community voices and raises awareness of sexual and reproductive justice issues, in particular the need for transgender competent providers, comprehensive sex education to include LGBTQ experiences and non-discrimination during birthing.

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